

APPLICATION FOR MODIFICATION OF ZONING CONDITION
TO THE CITY OF BUFORD
BOARD OF COMMISSIONERS

Please complete this application and submit with all necessary attachments.

APPLICANT _____
ADDRESS _____
_____ ZIP _____

OWNER _____
ADDRESS _____
_____ ZIP _____

PHONE NUMBER _____

PHONE NUMBER _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

ADDRESS OF PROPERTY: _____

CITY OF BUFORD LIMITS: YES _____ NO _____

LAND DISTRICT _____ LAND LOT _____ PARCEL _____ ZONING _____

SUBDIVISION NAME _____ LOT/BLOCK NUMBER _____

(Please attach a TYPED legal description unless located in a recorded subdivision.)
(Also attach a plat of the property.)

NEED FOR THE MODIFICATION OF ZONING CONDITION:

I hereby certify that the above information is true and correct under penalty of law.

Signature

Date

CITY OF BUFORD USE ONLY

ACTION TAKEN _____

SIGNATURE _____ **DATE** _____

PLANNING DEPARTMENT USE ONLY

DATE RECEIVED _____ **RECEIVED BY** _____ **RECEIPT #** _____ **FEE** _____

CASE # _____ **MAP REFERENCE NUMBER** _____ **DATE OF HEARING** _____

MODIFICATION OF ZONING CONDITION INFORMATION

The following items are necessary in order to process the Application:

1. APPLICATION FORM:
 - a. Answer all questions.
2. APPLICATION FEE – non refundable
 - a. All Applications \$800.00 each
3. LEGAL DESCRIPTION:
 - a. Must be typed
4. SITE PLAN and copy of BOUNDARY SURVEY
 - a. All documents related to the application in order for the Board of Commissioners to render a decision are necessary.

MEETINGS

The City of Buford Board of Commissioners meets on the 1st Monday night of each month at 7:00 p.m. in the Commission Chambers at Buford City Hall.

The Planning Department will erect a public hearing sign 15 days before the public hearing. A legal advertisement appears in the official News Organ at least 15 days before the meeting.