



APPLICATION FORM

134 S. Oak Street
Jackson, Georgia 30233
Phone - 770-775-7535 Fax - 770-775-8051

Application No _____ City _____ County _____

Land Owner

Applicant

Agent

Name

Company

Mailing Address

City St Zip

Telephone

Fax

Email

Indicate the type of request/appeal with an X:

____ Appeal

____ Commercial

____ Industrial

____ Planned Mixed Use

____ Public Project

____ Rezoning

____ Special Use

____ Subdivision

____ Text Amendment

____ Site Construction Plans

____ Variance

____ Administrative Variance

____ Zoning Map Amendment

____ Other Project

Property Information:

Name of Development: _____

Property Address: _____

Property Acreage: _____ Land District(s): _____ Land Lot(s): _____

Map No(s): _____ Parcel No(s): _____ Zoning District: _____

Overlay District: _____ Watershed District: _____

Purpose for Request: _____

Has there been any previous request for this property? ____YES ____ NO
If yes, when, what type of request, and was the request approved or denied?

Supporting Information: ***Please include the following items with the application.***

1. A survey map of the land in question made by a registered engineer, land surveyor, architect, or landscape architect of the State of Georgia. Plat must show current zoning for the subject property and all abutting properties.
2. A copy of deed to said property.
3. A letter of intent describing in detail the manner in which the property is proposed to be used.
4. A written letter by the property owner(s) approving the rezoning request.
5. Proof in writing that ALL Ad Valorem Taxes are current for said property.
6. A site plan showing the description of existing and proposed structures and their position on the subject land area. There are certain site plans that the zoning ordinance requires to be prepared by a surveyor or engineer; further, the zoning administrator may require site plans to be prepared by a surveyor or engineer where appropriate to reasonably review the permit application.
7. Such other necessary information or materials required by the office of the Zoning Administrator.
8. Fees: A fee is required for all the above applications submitted to the office of the Zoning Administrator.

To the best of my knowledge, the information on this application and all additional documentation is true, factual and complete. I hereby agree to abide by all conditions of any approvals granted by City of Jackson. I also fully understand any application will be returned by the Zoning Administrator if not 100% complete.

Signature of Owner

Date

Signature of Applicant

Date

Signature of Witness

Date

Signature of Agent

Notary

My commission expires

(For Office Use Only)

Received By _____

Checked By _____

Date Filed _____

Land Lot _____ District _____ Zoning _____

Lot Size _____ acres(s) Map # (s) _____

City Council meeting to be held on _____

Board of Appeals meeting to be held on _____

Administrative Variances: Respond by Date: _____

Decision Due by Date: _____