

**The Long County-City of Ludowici
Planning & Zoning Board**

**Ludowici, Ga 31316
PH. 912-545-3413 ext. 1190 Cell: 912-248-4696**

Application for renewal of Conditional use

1. Location of Property: _____

2. Map and parcel number: _____

3. Reason for request:

Please explain below why a renewal of conditional use is requested.

4. Name, address and phone number of property owner.

5. Name, address and phone number of the applicant, if different than property owner.

6. Signature of Applicant: _____

Date Signed: _____

AUTHORIZATION OF PROPERTY OWNER

I affirm that I am the property owner(s), shown in the records of Long County, of the property which is subject of the attached application.

I authorize the person listed as the applicant to pursue the renewal request pertaining to this property.

Signature of property owner(s): _____

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public Signature: _____

Notary Public County: _____

My Commission Expires: _____

FOR COUNTY USE ONLY

Maps or drawing submitted: YES ___ NO ___

Date of original application was submitted: _____

Payment waved: ☐ Yes ☐ NO

Amount paid: _____ Check # _____ Cash _____

Newspaper Advertisement Date: _____

Planning and Zoning Hearing Date: _____ Time: _____

BOC Meeting Date: _____ Time: _____

Long County-City of Ludowici Planning & Zoning Board: _____

Long County Code Enforcement Officer/Agent: _____

Long County Tax Assessor Office: _____