Case No. _____

SPECIAL EXCEPTION APPLICATION

APPLICANT INFORMATION

Applicant _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone ( ) _____ Fax ( ) _____

PROPERTY OWNERSHIP

Property Owner(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone ( ) _____ Fax ( ) _____

CONTACT PERSON

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone ( ) _____ Fax ( ) _____

(All staff correspondence will be sent only to one designated contact person.)
(Address and telephone numbers do not have to be repeated if provided above.)

REQUEST

Location Address: _____

Present Zoning: _____ Most Recent Use: _____

Type of use being requested (attach additional sheets if necessary):

_____

_____

_____

_____

FILING REQUIREMENTS	
	This application will not be processed unless the following items are submitted with it: ☐ **Filing fee** ($150.00 [Single-family residential district], $250.00 [R-3 & R-4 Multi-family districts], $250.00 [Commercial & Industrial districts]). Make check payable to: ***City of Statesboro, Planning Department.***) ☐ **Survey or plat** showing property lines with lengths and bearings, adjoining streets, locations of existing structures, north arrow, and scale. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger. ☐ **Signed and notarized Disclosure of Campaign Contributions.** ☐ **Application *must* be signed by property owner(s) and signatures must be original.** Additional copies of this page may be attached if necessary for additional property owners.

I/we understand and agree, upon execution and submission of this application that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance as well as all procedures and policies of the City of Statesboro Planning Commission as those provisions, procedures and policies relate to the handling and disposition of this application. I attest that the information contained in this application is true and accurate to the best of my/our knowledge.

(Signature of applicant)	(Printed name of applicant)	(Date)
(Signature of property owner)	(Printed name of property owner)	(Date)
(Signature of property owner)	(Printed name of property owner)	(Date)
(Signature of property owner)	(Printed name of property owner)	(Date)
(Signature of property owner)	(Printed name of property owner)	(Date)

City of Statesboro
Planning Department
50 E Main St, 3rd Floor
P O Box 348
Statesboro, GA 30459-0348
Telephone (912) 764-0630
Fax (912) 764-0664

Rec'd by:	Date:

City of Statesboro

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(Required by Title 36, 67A, Official Code of Georgia Annotated)

Case Number: _____

Application to rezone real property described as follows:

Property Address/ Location: _____

Please check that which applies:

☐ I have not within the two years preceding the above application made campaign contributions aggregating $250.00 or more to a government official(s) of the City of Statesboro who will consider the application.

☐ I have within the two years preceding the above application made campaign contributions aggregating $250.00 or more to a government official(s) of the City of Statesboro who will consider the application. The contribution(s) are as follows:

Official's Name:	Position:	Contribution amount:	Date of Contribution:

I hereby declare and confirm that all statements herein are true, correct, and complete to the best of my knowledge and belief.

_____
Signature of Applicant

Sworn to and subscribed before me this
_____day of _____, 20___.

_____
Notary Public