

CHANGE OF ZONING APPLICATION

PLANNING AND ZONING COMMISSION CITY OF AMERICUS

Name of Applicant(s)			
Address of Applicant(s)			
Applicant(s) Phone Number			
Name of Property Owner(s)			
NOTE: A filing fee of \$100.00 is payable to the City of Americus days prior to the monthly meeting. The monthly meeting is held representative of the applicant must be present at the meeting, the current owner of the property, the applicant must attach a lithis application.	d the 3rd Tuesday of every . In the event the applicar	month at 4:00 p.m., and at for a zoning change is s	I the applicant or a someone other than
I (we) hereby apply for a change in zoning classification property which is described below.	on from	to	for the
LEGAL DESCRIPTION OF PROPERTY Name of Subdivision (if applicable) Tax Map Page # Block # Street Address	Parcel # (s)	-	
NOTE: Each applicant is required to submit 3 (Three) copies of t The plat must be prepared by a registered or certified engineer. and shall show the present zoning designation, the requested zo thereupon.	The plat shall set forth in	detail the property desc	ribed in the request
PRESENT USE OF PROPERTY:			
PROPOSED USE OF PROPERTY:			
Please disclose any campaign contributions and gifts which you	may have made to the M	ayor or City Council Men	nbers:
I hereby certify that I am the owner or legal agent of	the owner, in fee sim	ple of the above des	cribed property.
Applicant Signature/ Date	Recei	ving Staff/ Date Rece	eived