



CHANGE OF ZONING APPLICATION PLANNING AND ZONING COMMISSION CITY OF AMERICUS

NOTE: A filing fee of \$250.00 is payable to the City of Americus upon application. Applications must be submitted by the 25th of the month to be considered for the P&Z Commission's monthly meeting. The monthly meeting is held the **3rd Tuesday** of every month at 4:00 p.m., and the applicant or a representative of the applicant must be present at the meeting. In the event the applicant for a zoning change is someone other than the current owner of the property, the applicant must attach a letter from the current owner of the property authorizing the filing of this application.

Name of Applicant(s): _____

Address of Applicant(s): _____

Applicant(s) Phone Number: _____

Name of Property Owner(s): _____

I (we) hereby apply for a change in zoning classification from _____ to _____ for the property which is described below.

LEGAL DESCRIPTION OF PROPERTY

Street Address: _____

Name of Subdivision (if applicable): _____

Tax Map Page # _____ Block # _____ Parcel # (s) _____ - _____ - _____

NOTE: Each applicant is required to submit **3 (three) copies** of the rezone plat of the property for which rezoning has been requested. The plat must be prepared by a registered or certified engineer. The plat shall set forth in detail the property described in the request and shall show the present zoning designation, the requested zoning designation, and the zoning designation of all property abutting thereupon.

PRESENT USE OF PROPERTY:

PROPOSED USE OF PROPERTY:

Please disclose any campaign contributions and gifts which you may have made to the Mayor or City Council Members:

I hereby certify that I am the owner or legal agent of the owner, in fee simple of the above described property.

 Applicant Signature/ Date

 Receiving Staff/ Date Received