

**Application to Amend the
Future Development Map and/or Official Zoning Map
of
Gordon County, Georgia**

Application Date: _____ Application Number: _____

(Office Use)

Application is hereby made to the Gordon County Planning Commission for the purpose of proposing to amend the Future Development Map and/or Official Zoning Map of Gordon County, Georgia.

(Please Print or Type)

Applicant: _____

Address: _____

Property Owner: _____

Address: *(If different from Above)* _____

Phone Number: _____ E-Mail: _____

Agent or Legal Representative: *(If applicable)* _____

Address: _____

Phone Number: _____ E-Mail: _____

(The applicant and/or representative must be present at all public hearings)

Proposal Information

Location of Property: _____

(street address, intersecting roads, etc.)

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

County Tax Map & Parcel #: _____

In addition, if proposing an amendment to the Official Zoning Map (rezoning), a copy of a current boundary survey indicating all existing site improvements and floodplain (if any), prepared and sealed by a valid registered architect, engineer, landscape architect or land surveyor, and a legal description of the tract must be submitted with this application. Zoning related to a major subdivision, multi-family or non-residential use or zoning district shall be accompanied by a concept plan prepared by an architect, engineer, landscape architect or land surveyor. U.L.D.C. section (10.02.05)

Application Number: _____

Proposal Information (cont.)

If proposing a **Future Development Map** amendment, please provide the following information:

Present Map classification: _____

Proposed classification: _____

Present Map classifications of abutting property to the subject property:

Reason for the Map amendment: _____

If proposing an **Official Zoning Map** amendment (*rezoning of property*), please provide the following information:

Present zoning district: _____

Proposed zoning district: _____

Future Development Map classification: _____

Reason for the Zoning Map amendment: _____

Applicant's Signature

Date

Property Owner's Signature (If different)

Date

Signed and sealed in the presence of:

Notary Public

Commission Expires

Application Number: _____

Please list all individuals, firms and/or corporations owning or leasing property adjacent to the subject property on all sides and across any natural or manmade boundaries (*this includes roads, rivers, railroads etc.*) and **place the owner's name on the appropriate parcel on the attached survey.**

PLEASE BE ADVISED THAT RELIANCE ON TAX ASSESSOR'S RECORDS MAY NOT PROVIDE THE APPLICANT WITH THE MOST RECENT OWNERS.

NAME

ADDRESS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Regarding Application # _____

Pursuant to O.C.G.A. 36-67A-3, any and all applicants to a rezoning action must make the following disclosures:

Please indicate below if you have made a campaign contribution to any member of the Board of Commissioners of Gordon County or any member of the Planning Commission within two (2) years immediately preceding the filing of this application aggregating \$250.00 or more or made a gift to any of the above having the aggregate value of \$250.00.

Board of Commissioners

	YES	NO
Bud Owens, Chairman	_____	_____
Kevin Cunningham, Vice Chairman	_____	_____
Chad Steward	_____	_____
Kurt Sutherland	_____	_____
Randy Abernathy	_____	_____

Planning Commission Members

Randy Rule, Chairman	_____	_____
Jerry Lovelace, Vice-Chairman	_____	_____
Sabrina Poole	_____	_____
Tommy Hibberts	_____	_____
Ken Dinning	_____	_____

If yes to any of the above, please indicate again below to whom the donation was made, the dollar amount donated, date of donation, and if a gift, the value and description of said gift:

Any applicant failing to make any disclosure as required by O.C.G.A. 36-67A-4 shall be guilty of a misdemeanor. I hereby swear that all the above information is true and correct to the best of my knowledge.

Applicant's Signature

Date

Cover Sheet
Proposal for Land Use Action

Application Number: _____ Present Zoning: _____ Proposed Zoning: _____

Date of Planning Commission Meeting: _____

Date of Board of Commissioners' Meeting: _____

Applicant: _____

Property Owner: *(if different from applicant)* _____

Property Address: _____

Said Property having a frontage of _____ feet and containing _____ acres.

Future Development Map Classification: _____

Current Zoning Map Classification: _____

Proposed Action: _____

Reason for Proposed Action: _____

Directions to Property: _____

