



CITY OF LOGANVILLE
 Department of Planning & Development
 P.O. Box 39 • 4385 Pecan Street
 Loganville, GA 30052
 770.466.2633 • 770.466.3240 • Fax 770.554.5556

Date: _____

Application # **R** _____

REQUEST FOR ZONING MAP AMENDMENT

A PETITION TO AMMEND THE OFFICIAL ZONING MAP OF THE CITY OF LOGANVILLE, GEORGIA

<i>APPLICANT INFORMATION</i>	<i>PROPERTY OWNER INFORMATION*</i>
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ Zip: _____ PHONE: _____	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ Zip: _____ PHONE: _____ (*attach additional pages if necessary to list all owners)
Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Agent <input type="checkbox"/> Attorney	
CONTACT PERSON: _____ PHONE: _____ EMAIL: _____ FAX: _____	
<i>PROPERTY INFORMATION</i>	
MAP & PARCEL # _____ PRESENT ZONING: _____ REQUESTED ZONING: _____ ADDRESS: _____ COUNTY: _____ ACREAGE: _____ PROPOSED DEVELOPMENT: _____	

You must attach: Application Fee Legal Description Plat of Property Campaign Contribution Disclosure
 Letter of Intent Site Plan Names/Addresses of Abutting Property Owners Impact Analysis

Pre-Application Conference Date: _____

Accepted by Planning & Development: _____ **DATE:** _____ **FEE PAID: \$500.00**

CHECK # _____ **RECEIPT #** _____ **TAKEN BY:** _____ **DATE OF LEGAL NOTICE :** _____ **NEWSPAPER:** THE WALTON TRIBUNE

PLANNING COMMISSION RECOMMENDATION: Approve Approve w/conditions Deny No Recommendation

Commission Chairman: _____ **DATE:** _____

CITY COUNCIL ACTION: Approved Approved w/conditions Denied Tabled to _____
 Referred Back to Planning Commission Withdrawn

 Mayor

 City Clerk

 Date

Applicant's Certification

The undersigned hereby certifies that they are authorized by the property owner(s) to make this application and that all information contained herein is complete and accurate, to the best of their knowledge.

Applicant's Signature

Date

Print Name and Title

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

(Seal)

Signature of Notary Public

Property Owner's Certification
(complete a separate form for each owner)

The undersigned hereby certifies that they are: (check all that apply)

- a) _____ the owner of record of property contained in this application, and/or
- b) _____ the Chief Executive of a corporation or other business entity with ownership interest in the property and is duly authorized to make this application, and

that all information contained in this application is complete and accurate to the best of their knowledge.

Owner's Signature

Date

Print Name and Title

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

(Seal)

Signature of Notary Public

