

CITY OF BOGART

REZONE & CONDITIONAL USE PERMIT APPLICATION

Requested Action:

Rezoning from: _____ to _____ Conditional Use Permit: for: _____

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| <p>Applicant</p> <p>Name: _____</p> <p>Address: _____ <small>(No P.O. Boxes)</small></p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> | <p>Property Owner</p> <p>Name: _____</p> <p>Address: _____ <small>(No P.O. Boxes)</small></p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> |
| <p>Applicant is (check one): <input type="checkbox"/> the Property Owner <input type="checkbox"/> Not the Property Owner (attach Property Owner's Authorization)</p> | |
| <p>Applicant's Certification: I hereby certify that the information contained in and attached to this application is true and correct.</p> | |
| <p>Signature: _____ Date: _____ Notarized: _____</p> | |

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| <p>Property</p> <p>Location: _____ <small>(Physical Description)</small></p> <p>_____</p> <p>Tax Parcel Number: _____</p> <p>Size (Acres): _____ Current Zoning: _____</p> <p>Future Development Map—Character Area Designation: _____</p> | <p>Use</p> <p>Current Use: _____</p> <p>_____</p> <p>Proposed Use: _____</p> <p>_____</p> |
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Attachments (check all that apply)

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| <ul style="list-style-type: none"> <input type="checkbox"/> Property Owner's Authorization (if applicable) <input type="checkbox"/> Application Fee <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Typed Legal Description <input type="checkbox"/> Plat of Survey <input type="checkbox"/> Disclosures (Interest & Campaign Contributions) <input type="checkbox"/> Zoning Impact Analysis | <ul style="list-style-type: none"> <input type="checkbox"/> Narrative (Detailed Description of the Request) <input type="checkbox"/> Concept Plan <input type="checkbox"/> Attachments to the Concept Plan: <ul style="list-style-type: none"> <input type="checkbox"/> Pre-approved Sanitary Sewer Extension Submittal <input type="checkbox"/> Representative Architecture/Photographs <input type="checkbox"/> Proof all property taxes paid in full <input type="checkbox"/> Other Attachments: _____ |
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For Oconee County Staff Use Only

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| <p>Application</p> <p>Date Received: _____ Date Accepted: _____</p> <p>DRI Transmitted to RDC <input type="checkbox"/> Date: _____ <input type="checkbox"/> N/A</p> <p>Date Submitted: _____ <input type="checkbox"/> Findings Complete</p> <p>Posted: _____ Ad: _____ Ad: _____</p> <p>Application Withdrawn <input type="checkbox"/> Date: _____</p> | <p style="text-align: center;">APPLICATION NUMBER </p> <p>Planning Commission Date: _____</p> <p><input type="checkbox"/> Approval <input type="checkbox"/> With Conditions <input type="checkbox"/> Denial</p> <p>Mayor & Council Date: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> With Conditions <input type="checkbox"/> Denied</p> |
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