

# TOWN OF NORTH HIGH SHOALS REZONE & CONDITIONAL USE PERMIT APPLICATION

**Requested Action:**

Rezoning from: \_\_\_\_\_ to \_\_\_\_\_       Conditional Use Permit: for: \_\_\_\_\_

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

<p><b>Property</b></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><b>Use</b></p> <p>Current Use: _____</p> <p>_____</p> <p>Proposed Use: _____</p> <p>_____</p>
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**Attachments** (check all that apply)

<p><input type="checkbox"/> Property Owner's Authorization (if applicable)</p> <p><input type="checkbox"/> Application Fee</p> <p><input type="checkbox"/> Warranty Deed</p> <p><input type="checkbox"/> Typed Legal Description</p> <p><input type="checkbox"/> Plat of Survey</p> <p><input type="checkbox"/> Disclosures (Interest &amp; Campaign Contributions)</p> <p><input type="checkbox"/> Zoning Impact Analysis</p>	<p><input type="checkbox"/> Narrative (Detailed Description of the Request)</p> <p><input type="checkbox"/> Concept Plan</p> <p><input type="checkbox"/> Attachments to the Concept Plan:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pre-approved Sanitary Sewer Extension Submittal</p> <p style="padding-left: 20px;"><input type="checkbox"/> Representative Architecture/Photographs</p> <p><input type="checkbox"/> Proof all property taxes paid in full</p> <p><input type="checkbox"/> Other Attachments: _____</p>
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*For Oconee County Staff Use Only*

<b>Application</b>	Date Received: _____	Date Accepted: _____	<b>APPLICATION NUMBER</b>	<input style="width: 90%;" type="text"/>
	DRI Transmitted to RDC <input type="checkbox"/> Date: _____ <input type="checkbox"/> N/A		<b>Planning Commission</b>	Date: _____
	Date Submitted: _____ <input type="checkbox"/> Findings Complete		<input type="checkbox"/> Approval <input type="checkbox"/> With Conditions <input type="checkbox"/> Denial	
	Posted: _____ Ad: _____ Ad: _____		<b>Mayor &amp; Council</b>	Date: _____
Application Withdrawn <input type="checkbox"/> Date: _____		<input type="checkbox"/> Approved <input type="checkbox"/> With Conditions <input type="checkbox"/> Denied		