



Greene County Building and Zoning Department

Chuck Wooley
Building Official

1034 Silver Drive, Suite 103 Telephone (706) 453-3333
Greensboro, Georgia 30642 Fax (706)453-2579
www.greencountyga.gov/zoning

Application to Amend the Land Use Regulation (Rezoning)

Name of Applicant: _____ Telephone No. _____
Mailing Address: _____
Name of Property Owner: _____ Telephone No. _____
Property Address: _____
Tax Map(s) & Parcel(s) Number _____ Acres: _____
Zoning Classification: *Present* _____ *Requested* _____
Use of Property: *Present* _____ *Requested* _____

_____ If the requested change is to extend an existing adjacent zoning district to include this property, explain below why the proposed change should be made.

_____ If the requested change is **not** to extend an existing zoning district, explain why this property should be placed in a different zoning district than all adjoining properties. (How does it differ from adjoining properties, and why should it be different restrictions than those applying to adjoining properties?)

Attach the following documents:

1. Written legal description of the property (e.g., copy of deed)
2. Eight (8) copies of plat prepared by a licensed surveyor showing property lines with lengths and bearings, adjoining streets, locations of existing buildings, north arrow and scale.
3. If property owner is not the same as the applicant, Authorization by Property owner form
4. Filing fee of \$600.00 payable to the Greene County Board of Commissioners

I hereby authorize the staff of the Greene County Board of Commissioners to inspect the premises of the above describe property. I hereby depose and state that all statements herein and attached statements submitted are true and correct to the best of my knowledge and belief. (**ALL owners on record must sign.**)

Signature of Owner

Signature of Owner

Signature of Agent, Representative or Attorney if applicable

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public, _____ County, GA.

Notary Signature



Greene County Building and Zoning Department

Chuck Wooley
Building Official

1034 Silver Drive, Suite 103 Telephone (706) 453-3333
Greensboro, Georgia 30642 Fax (706)453-2579
www.greencountyga.gov/building

Disclosure of Campaign Contributions and Gifts

All applicants, their attorneys, and/or representatives, must submit a Disclosure of Campaign Contributions and Gifts Form as required by the Official Code of Georgia Section 36-67A-1, et. Seq.

Reference: Application filed on _____ to rezone real property described as follows:

All individuals and business entities having a property interest in above said property are as follows:

Within the two years preceding the above filing date, the applicant has made campaign contributions aggregating \$250.00 or more or made gifts having the aggregate value of \$250.00 or more to each member of the Planning Commission or the Greene County Board of Commissioners listed below.

List below (1) the name of the Commission or Commission Member, (2) dollar amount and date of each such campaign contribution, and (3) an enumeration and description of each such gift having a value of \$ 250.00 or more.

I hereby depose and say that all statements herein are true, correct and complete to the best of my knowledge and belief.

Signature

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public, _____ County.

Notary Signature



AUTHORIZATION OF PROPERTY OWNER(S) APPLICATION FOR ZONING ACTION

Chuck Wooley
Building Official

1034 Silver Drive, Suite 103, Greensboro, Georgia 30642 - Telephone (706) 453-3333 -Fax (706)453-2579
www.greenecountyga.gov/zoning

I swear (I am) (we are) the owner(s) of the property which is the subject matter of the attached application, as is shown in the records of Greene County, Georgia.

I/we authorize the person named below to act as applicant for the zoning action of this property.

Name of the **Owner(s)** * as recorded on deed : _____

Address/Addresses: _____

Telephone Number(s): _____

Email Address/Addresses: _____

Name of **Applicant** Authorized to Apply on my/our Behalf:

Signature of Owner

Signature of Owner

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public, _____ County, GA.

Notary Signature: _____

Notary Seal



WITHDRAWAL OF A CONDITIONAL USE, VARIANCE OR ZONING APPLICATION

Chuck Wooley
Director of Building, Zoning and Project Management

1034 Silver Drive, Suite 103, Greensboro, Georgia 30642 - Telephone (706) 453-3333 -Fax (706)453-2579
www.greenecountyga.gov/zoning

13.3.6.1 Withdrawal. If an application is withdrawn in writing by the applicant at any time **after** the publication of the newspaper notice and posting of the required sign, but **prior to** the public hearing, then no application for action on the same property may be considered by the Planning and Zoning Commission until the expiration of **at least sixty (60) days** immediately following the withdrawal of the rezoning application. The withdrawal must be in writing and signed by the applicant.

The application will be considered to have been withdrawn if the applicant, his/her authorized agent or his/her attorney fails to appear at the Planning and Zoning Commission hearing. By withdrawing in this manner, no application for action on the same property may be considered by the Planning Commission until the expiration of **at least sixty (60) days** from the date of the scheduled public hearing for which the applicant failed to appear.

I have read and understand Greene County's policy on withdrawing an application.

Print Name of Applicant

Signature of Applicant

Date