



5047 Union Street
Union City, GA 30291
Phone (770) 515-7950
Fax (770) 969-8795

Application for Rezoning Text Amendment

The applicant must submit one (1) original and 19 copies of petition and all required items. Applications are due to the City Planner by the of the month. All information to be presented to the Planning Commission and City Council should be assembled. Do not alter the application in any way. This application will not be processed any items are missing or if the appropriate fee does not accompany it.

- Completed application forms – all information required of the appellant must be provided and must be printed clearly or typewritten
- Application Fee of \$350.00 - If advertising fee exceeds the \$350.00, you will be billed any additional amount spent on advertising. It is necessary for this fee to be paid prior to any meeting dates.

Petitioner will be notified by Certified Mail of the scheduled Public Hearing for which his/her Application will be considered.

GENERAL INFORMATION

Name and Address of Appellant _____

_____ Phone # _____

Current Text Provision to be Affected by the Amendment _____

Proposed Text Amendment _____

Reason for Text Amendment Request _____

AFFIDAVIT

I HEREBY DEPOSE AND SAY THAT ALL ABOVE STATEMENTS AND ATTACHED STATEMENTS AND/OR EXHIBITS SUBMITTED ARE TRUE AND CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

APPELANT OR AGENT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC