



Case No. \_\_\_\_\_

# REZONING APPLICATION

<b>APPLICANT INFORMATION</b>	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____
<b>PROPERTY OWNERSHIP</b>	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____
<b>CONTACT PERSON</b>	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ <p style="text-align: center;"><i>(All staff correspondence will be sent only to one designated contact person.)          (Address and telephone numbers do not have to be repeated if provided above.)</i></p>
<b>REQUEST</b>	Location Address: _____ Present Zoning _____ Proposed Zoning _____ Purpose of Rezoning (attach additional pages as necessary) _____ _____ _____

**FILING  
REQUIREMENTS**

*This application will not be processed unless the following items are submitted with it.*

- Filing fee (\$100.00. Make check payable to the City of Statesboro.)
- Survey or plat showing property lines with lengths and bearings, adjoining streets, locations of existing structures, north arrow, and scale. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger.
- Signed and notarized Disclosure of Campaign Contributions.
- Application *must* be signed by property owner or letter attached that grants the applicant authority to file the application.

*I/We understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance as well as all procedures and policies of the City of Statesboro Planning Commission as those provisions, procedures and policies relate to the handling and disposition of this application. I/we attest that the information contained in this application is true and accurate to the best of my/our knowledge.*

\_\_\_\_\_  
(signature of applicant)                      \_\_\_\_\_ (printed name of applicant)                      \_\_\_\_\_ (date)

\_\_\_\_\_  
(signature of property owner)                      \_\_\_\_\_ (printed name of property owner)                      \_\_\_\_\_ (date)

\_\_\_\_\_  
(signature of property owner)                      \_\_\_\_\_ (printed name of property owner)                      \_\_\_\_\_ (date)

\_\_\_\_\_  
(signature of property owner)                      \_\_\_\_\_ (printed name of property owner)                      \_\_\_\_\_ (date)

**City of Statesboro  
Planning Department  
50 E. Main St., 3<sup>rd</sup> Floor  
P. O. Box 348  
Statesboro, GA 30459-0348  
Telephone (912) 764-5468  
Fax (912) 764-4691**

Rec'd by:	Date:
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