



Clay County Planning and Zoning Commission
P.O. Box 519
Fort Gaines, GA 39851
Ph. 229-768-3238 ~ Fax 229-768-3672

Request to Amend the Zoning Map

1. **Location of Property:** _____
2. **Please Attach Legal Description of Property:** Can be obtained from the Clay County Clerk of Superior Court.
3. **Please Attach a copy of Owner and Parcel number:** Can be obtained from either the County Clerk or County Tax Assessor's office or by going to county web site at www.claycountyga.org , click on search property records.
4. **Zoning Classification: Currently Zoned:** _____ **Proposed Change to:** _____
5. **Current Use of Property:** _____
6. **Proposed Use of Property:** _____

7. **Reason for Request:** _____

8. **Name, Address and Phone Number of Property Owner** (If applicant is not the property owner, please complete the authorization form on the next page).

9. **Name, Address and phone number of Applicant(s) (If different from property owner).**

10. **Signature of Applicant:** _____
Date Signed: _____

For County Use Only

Date Application Accepted: _____ Amount Paid: _____

Payment Made By: _____ Cash _____ Check _____ Visa/MC

Application Accepted By: _____

Are Required Documents Attached:

____ Legal Description

____ 3 copies of plat, drawn to scale showing north/south arrow, land lot & district, dimensions, Acreage and location of the tract(s) prepared by an engineer or land surveyor whose state Registration is current and valid. Seal shall be affixed to the plat.

Date Advertisement sent to Paper: _____

Date Rezoning Sign was posted on the Property: _____

Who Posted the Sign: _____

Planning & Zoning Hearing Date: _____ Time: _____ Place: _____

Board of Commissioners Hearing Date: _____ Time: _____ Place: _____

Commission Voting Date: _____ Time: 7:00 p.m. Place: Commission Chambers

Date application was approved/denied: _____

Reason for Denial: _____

Authorization of Property Owner

I affirm that I am the property owner, as shown in the records of Clay County, of the property which is the subject of the attached application.

I authorize the person listed as the applicant to pursue the rezoning of said property.

Signature of Owner(s): _____

Sworn to and subscribed before me this _____ **day of** _____, **20** _____.

Notary Public _____

Notary in _____ **County**

My Commission Expires: _____