

Town of Maysville

Post Office Box 86 4 Homer Street Maysville, GA 30558
Telephone 706-652-2274 Fax 706-652-3511

APPLICATION FOR REZONING OR CONDITIONAL USE PERMIT (APPLICANT OR AGENT MUST BE PRESENT AT ALL PUBLIC HEARINGS)

APPLICATION #: _____
TOWN COUNCIL HEARING: _____

Owner's Name _____

Address _____

Daytime Telephone No. _____

COMPLETE ONLY IF APPLICANT IS NOT OWNER:

Applicant/Agent _____

Address _____

Daytime Telephone No. _____

Address of Property: _____

Zoning District: _____

Describe Requested Variance: _____

REQUIRED INFORMATION

Applicants must submit the following information with this application. Failure to submit any item, or any additional information that might be requested, will result in the application being held until a future scheduled meeting of the Town Council.

1. Application fee (\$250.00).
2. Completed notarized application furnished by the Zoning Administrator.
3. Survey plat of the property showing all property lines with meters and bounds and dimensions.
4. Site analysis and topographic map at an appropriate scale, including information on significant man-made and natural features, historic and archaeological sites, and features to be retained, moved or altered.
5. Written analysis of how the proposed development compares favorably with the criteria for granting variances as established in this Chapter.
6. Site plan of the subject property at an appropriate engineering scale showing the proposed use and relevant information regarding the proposed variance.
7. Other information as may be required by the Zoning Administrator.

NOTE: The Mayor and Council reserve the right to obtain additional information that reasonably may be required in order that an informed decision may be made.

OWNER/APPLICANT CERTIFICATION

- The Owner or Applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of Applicant’s knowledge and belief. Should any portion not be true, then the application may be rejected.
- Penalty for false or fraudulent statement: Whoever, in any matter, knowingly and willingly falsifies or makes any false, fictitious or fraudulent statement of representation concerning this application shall be denied the request stated in this application.
- The Owner/Applicant hereby gives permission to enter the property for inspection during the time the application is pending.

Witness

Date _____

Applicant’s Signature

Date _____

Witness

Date _____

Owner Signature (if not Applicant)

Date _____

CAMPAIGN CONTRIBUTIONS

(a) When any applicant for rezoning actions had made, within two years immediately preceding the filing of the applicant’s application for the rezoning action, campaign contributions aggregating \$250.00 or more to a local government official who will consider the application, it shall be the duty of the applicant to file a disclosure report with the governing authority of the respective local government showing:

(1) The name and official position of the local government official to whom the campaign contribution was made, and

(2) The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of such contribution.

(b) The disclosures required by subsection (a) of this code section shall be filed within ten days after the application for the rezoning action is first filed. (Code 1981, Section 36-67A-3, enacted by Ga. L. 1986, page 1269, Section 1; Ga. L. 1991, page 1365, Section 1.)

I hereby certify that I have read the above and that:

I **(have) (have not)**, within the two years immediately preceding this date, made any campaign contribution(s) aggregating \$250.00 or more to any local government official involved in the review or consideration of this application.

Applicant’s Signature

Date

I **(have) (have not)**, within the two years immediately preceding this date, made any campaign contribution(s) aggregating \$250.00 or more to any local government official involved in the review or consideration of this application.

Owner’s Signature

Date

If you have made such contributions, you must provide the date required in subsection (a) above within ten days of the filing of this application.

ADMINISTRATIVE USE ONLY

Application Fee Paid: _____

Date Application Fee Paid: _____

Date Notice Sent to Newspaper _____

Date Notice Ran in Newspaper _____

Date Sign Posted on Property _____

Action taken by City Council _____