

**REZONING APPLICATION
CITY OF MILLEDGEVILLE
PLANNING AND ZONING COMMISSION
MAYOR AND COUNCIL**

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone No.: Office _____ Home: _____

I hereby request the following parcel of land be rezoned from _____ to _____ district.

Address of Property for rezoning: _____

Map and Parcel Number _____

Legal description as follows: (attach deed)

Specifically, I plan to use the property as follows: _____

Date: _____ **Applicant's Signature:** _____

Received by: _____ **Date:** _____

Attachments:

Plat of land with existing or planned building (); Property Description ()

Fee \$300.00 ()

NOTE: The Planning & Zoning Commission meets the first Monday of each month at 5:15. All paper work must be turned into this office a minimum of 25 working days prior to meeting date.

Conflict of Interest O.C.G.A. Chapter 36-67A-1 – 36-67A-9

I understand that if I have made a campaign contribution aggregating \$250.00 or more to a local government official, who will consider the application, it shall be your duty to file a disclosure report within ten days preceding hearing date.