



4035 WALNUT CIRCLE / P.O. BOX 99
 OAKWOOD GA 30566
 770-534-2365

GENERAL APPLICATION FORM

TYPE OF APPLICANT:

- PROPERTY OWNER DEVELOPER/BUILDER
 RESIDENT/PROPRIETOR ATTORNEY/AGENT

NAME:

ADDRESS:

CITY:	STATE:	ZIP CODE:
PHONE:	CELL:	FAX:
		E-MAIL :

PERSON TO CONTACT

NAME:

ADDRESS:

PHONE:	FAX:	E-MAIL:
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PROPERTY OWNER

NAME:

ADDRESS:

CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	E-MAIL:

DESCRIPTION OF PROPERTY

ADDRESS:

TAX MAP & PARCEL #:	ACREAGE:
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TYPE OF APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> ANNEXATION AND ZONING | <input type="checkbox"/> PRELIMINARY PLAT |
| <input type="checkbox"/> REZONING | <input type="checkbox"/> EXEMPTION PLAT |
| <input type="checkbox"/> APPEAL | <input type="checkbox"/> FINAL PLAT |
| <input type="checkbox"/> SITE PLAN APPROVAL <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> CHANGE IN CONDITIONS | |
| <input type="checkbox"/> CONDITIONAL USE | |
| <input type="checkbox"/> VARIANCE TO ZONING ORDINANCE | |
| <input type="checkbox"/> VARIANCE TO SUBDIVISION REGULATIONS | |
| <input type="checkbox"/> SOIL EROSION/DEVELOPMENT PERMIT (1.1 ACRES OR MORE) | |
| <input type="checkbox"/> DEVELOPMENT PERMIT (LESS THAN 1.1 ACRES) | |
| <input type="checkbox"/> ACCEPTANCE OF STREETS | |

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

FEE: \$ _____

- CASH CHECK #