

CITY OF COMER APPLICATION FOR REZONING

APPLICATION FOR A CONDITIONAL USE PERMIT

Application No. _____

The undersigned request the property described below be granted a Conditional Use Permit under the provisions of Article XI, § 11.1 of the current Comer, Georgia Zoning Ordinance.

A. DESCRIPTION AND LOCATION OF PROPERTY:

TAX MAP NO: _____ TAX PARCEL NO: _____
ZONING CLASSIFICATION: _____
SIZE (ACRES): _____ CURRENT USE(S): _____
EXISTING BUILDINGS: _____

EASEMENTS: _____
NAME OF NEAREST ROAD: _____

B. PROPERTY OWNERSHIP AND APPLICANT INFORMATION:

OWNER: _____
ADDRESS: _____
TELEPHONE NO.: _____
APPLICANT: _____
ADDRESS: _____
TELEPHONE NO.: _____

C. CURRENT ZONING DESIGNATION OF ABUTTING PROPERTIES:

NORTH: _____ SOUTH: _____ EAST: _____ WEST: _____
PROPOSED USE: _____

D. DOCUMENTS ATTACHED:

(3 COPIES EACH)
SITE PLAN: _____
PLAT/SURVEY _____
OTHER: _____

I hereby certify that the information and all attached documents listed under section D above, are true and correct:

Date: _____ Signed: _____

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NOTES: The property owner or a designated agent must attend the City of Comer City Council Public Hearing scheduled for:

Date: _____ Time: _____

The location of the public hearing is the City of Comer City Hall located at 412 Sunset Avenue, Comer, Georgia.

Requests for commercial purposes fronting on a state highway will require a letter of approval from the Georgia Department of Transportation.

The rezoning sign must be in place from _____ to _____.

I have read and understand the above information:

Date: _____ Signature of Applicant: _____

For Zoning Administrator

Action taken prior to the Public Hearing:

_____ Review sheet attached	
_____ Area Zoning Map attached	
_____ Adjacent property owners notified	_____ (Date)
_____ Public Notice Sign posted	_____ (Date)
_____ Legal Ad submitted	_____ (Date)
_____ Legal Ad published	_____ (Date)

Fees of \$ _____ were received from _____

Planning and Zoning Administrator

