

**CITY OF COMER APPLICATION FOR REZONING**

Application No. \_\_\_\_\_

The undersigned request the property described below be rezoned from \_\_\_\_\_ to \_\_\_\_\_ in accordance with Article XIII of the current Comer, Georgia Zoning Ordinance.

**A. DESCRIPTION AND LOCATION OF PROPERTY:**

TAX MAP NO: \_\_\_\_\_ TAX PARCEL NO: \_\_\_\_\_  
SIZE (ACRES): \_\_\_\_\_ CURRENT USE(S): \_\_\_\_\_

EXISTING BUILDINGS: \_\_\_\_\_

EASEMENTS: \_\_\_\_\_

NAME OF NEAREST ROAD: \_\_\_\_\_

ACREAGE TO BE REZONED: \_\_\_\_\_

**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:**

SITE PLAN: \_\_\_\_\_

PLAT(SURVEY): \_\_\_\_\_

OTHER: \_\_\_\_\_

**CITY OF COMER APPLICATION FOR REZONING, PAGE TWO**

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

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**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: \_\_\_\_\_

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**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

**CITY OF COMER APPLICATION FOR REZONING**

**AUTHORIZATION BY PROPERTY OWNER**

Application No.: \_\_\_\_\_

I swear that I am the owner of the property located at:

\_\_\_\_\_  
(Property Address)

**TAX MAP NO:** \_\_\_\_\_ **TAX PARCEL NO.:** \_\_\_\_\_

The property identified above is the subject matter of the attached application, as is shown in the records of Madison County, Georgia. I authorize the person named below to act as applicant or agent in the pursuit of the rezoning of this property.

Name of Applicant or Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_(SEAL)

My Commission Expires: \_\_\_\_\_