



APPLICATION FOR REZONING

Name of Applicant: _____ Date: _____

Applicant's Phone Number: _____

Mailing Address: _____

Address of Property to be Rezoned:

Layman's Description of Location of Property:

Legal Description- A typed, double spaced, metes and bounds description shall be attached on separate sheet.

Zone Classification: Preset: _____ Desired: _____

Present Use of Property: _____

Desired Use of Property: _____

The Purpose of this Rezoning is: _____

Attach a scale drawing showing site plan, location, dimensions, and use of existing and proposed structures, easements, water courses, fences, curb cuts, street and alley right-of-way lines on and within one foot of the property proposed for rezoning.

THE ABOVE STATEMENT AND ACCOMPANYING MATERIALS ARE COMPLETE AND ACCURATE. APPLICANT HEREBY GRANTS PERMISSION FOR PLANNING AND ZONING PERSONNEL TO ENTER UPON AND INSPECT THE PROPERTY FOR ALL PURPOSES ALLOWED AND REQUIRED BY THE COMPREHENSIVE LAND DEVELOPMENT RESOLUTION FOR THE CITY OF BYRON AND PEACH COUNTY.

Applicant's Signature

Date Paid

Fee Amount \$ _____