

**CATOOSA COUNTY PLANNING COMMISSION
APPLICATION FOR ZONING AMENDMENT**

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

CASE#	RECEIPT#	APPLICATION FEE 400
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PLANNING COMMISSION HEARING:			
CATOOSA COUNTY GOVERNMENT BUILDING	DATE:	TIME:	P.M.

FINAL ACTION BY THE BOARD OF COMMISSIONERS:			
PUBLIC MEETING ROOM			
CATOOSA COUNTY GOVERNMENT BUILDING ON	DATE:	TIME:	P.M.

OWNER'S NAME	MAILING ADDRESS
CITY/STATE/ZIP	PHONE
TAX PARCEL#	LOCATION ADDRESS
CURRENT ZONING	REQUESTED ZONING

REASON FOR CHANGE:

DOES THIS REQUEST INVOLVE A HALFWAY HOUSE, DRUG REHABILITATION CENTER, OR
OTHER FACILITY FOR TREATMENT OF DRUG DEPENDENCY? YES _____ NO _____

I SWEAR UNDER PENALTY OF LAW THAT THE WITHIN INFORMATION IS TRUE, CORRECT, AND COMPLETE	DATE
OWNER'S SIGNATURE	

PLANNING COMMISSION DECISION/DATE	COMMISSION DECISION/DATE
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A YELLOW SIGN, FURNISHED BY THE PLANNING COMMISSION, WILL BE POSTED ON THE SUBJECT
PROPERTY AT LEAST 15 DAYS PRIOR TO THE ABOVE MEETING DATE.

THIS APPLICATION MUST BE FULLY COMPLETE AND FILED AT THE ZONING OFFICE BY THE DESIGNATED
CUT OFF DATE TO BE HEARD BY THE PLANNING COMMISSION ON THE FOURTH TUESDAY OF THE MONTH.
THE PLANNING COMMISSION DECISION IN A RE-ZONING MATTER WILL BE A RECOMMENDATION TO THE
BOARD OF COMMISSIONERS WHO WILL MAKE THE FINAL DECISION ON THE THIRD TUESDAY OF THE
FOLLOWING MONTH.

ANY APPLICANT MAKING POLITICAL CONTRIBUTIONS TOTALING \$250 OR MORE WITHIN THE LAST TWO
YEARS TO ANY MEMBER OF THE BOARD OF COMMISSIONERS MUST DISCLOSE SAME.

WITHDRAWALS PRIOR TO A HEARING MUST BE MADE IN WRITING BY THE APPLICANT.



CAT OOSA COUNTY PLANNING AND ZONING

184 Tiger Trail
Ringgold, Georgia 30736

Phone: 706-965-4226
Fax: 706-965-4104

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS **(APPLICANTS AND REPRESENTATIVE(S) OF REQUESTED ACTION)**

Pursuant to O.C.G.A. Section 36-67 A-3.A, the disclosure of any campaign contributions aggregating \$250.00 or more to a local government official who will consider an application for re-classification or for a conditional use or special use permit is mandatory when an application or any representation of application for re-classification of district or for conditional use or special use permit has been made within two (2) years immediately preceding the filing of a request for reclassification or conditional use or special use permit by the same applicant and/or representative of said applicant.

It shall be the duty of the applicant and/or any representatives of the applicant to file a disclosure with the governing authority of the respective local government to show the following:

Name of local official(s) to whom campaign contribution was made:

The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two (2) years immediately preceding the filing of this application for action for district re-classification, conditional use or special use permit.

Amount \$ _____ Date _____

Enumeration and description of each gift (when the total value of all gifts is \$250.00 or more) made to the local government official during the two (2) years immediately preceding the filing of this application.

Signature of Applicant/Representative of Applicant:

_____ Date: _____

IF NOT COMPLETING THIS FORM YOU ARE MAKING A STATEMENT THAT NO DISCLOSURE IS REQUIRED.

This form may be copied for each applicant. Please attach additional sheets if needed.

CERTIFICATE OF OWNERSHIP

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN ON THE ATTACHED APPLICATION FOR REZONING/VARIANCE OR OTHER ZONING/LAND SUBDIVISION REQUEST, AND IDENTIFIED AS FOLLOWS:

Signature of Owner: _____

Printed Name of Owner: _____

Address: _____

Phone # 1 _____ Phone # 2 _____

Email: _____ Fax #: _____

Signature Notarized By: _____ Date: _____

Commission Expires on: _____

(Seal)

I FURTHER CERTIFY THAT I HAVE DESIGNATED THE FOLLOWING PARTY TO ACT AS MY AGENT IN THE PROPOSED REZONING/VARIANCE OR OTHER ZONING/LAND SUBDIVISION REQUEST OF THE ABOVE PROPERTY, IF APPLICABLE:

Signature of Owner: _____ Date _____

Signature of Authorized Agent: _____ Date _____

Printed Name of Authorized Agent: _____

Address: _____

Phone # 1 _____ Phone # 2 _____

Email: _____ Fax #: _____

Signature Notarized By: _____ Date _____

Commission Expires on: _____

(Seal)