

Telephone: 706-782-1579
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RABUN COUNTY PLANNING COMMISSION APPLICATION FORM

Application for:	Fee
<input type="checkbox"/> Amendment for zoning map	_____
<input type="checkbox"/> Permit for continuance of a non-conforming use	_____
<input type="checkbox"/> Planned Unit Development	_____
<input type="checkbox"/> Amendment of subdivision regulations	_____
<input type="checkbox"/> Subdivision plat	_____ per lot
<input type="checkbox"/> Preliminary plat	_____
<input type="checkbox"/> Final plat (Fee per lot)	_____
<input type="checkbox"/> Variance	_____
<input type="checkbox"/> Specific purpose	_____

All applications must have accompanying plat before advertisement will be published

Name: _____ Address: _____
Telephone: _____
Name of Development: _____ Acreage: _____
Location of Property: _____ Tax Parcel #: _____
Land Lot: _____ Land District: _____
Present Zoning: _____ Proposed Zoning: _____
Nature of Action Petitioned: _____
Supporting Statement: _____

Existing Use: _____ Proposed Use: _____

I am the sole owner of above described property, or if joint ownership, I have the authority to sign for all owners.

APPLICANT OR AN AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT THE ZONING MEETING AND THE BOARD OF COMMISSIONERS' MEETING.

SIGNATURE: _____ DATE: _____