

# CITY of CLARKSTON

## AMENDMENT TO ZONING CONDITIONS APPLICATION

Form # 200-AZC

This page must be completed by the Applicant. Please see Applicant Instructions for full requirements.

### APPLICANT INFORMATION

Applicant Name		Company	
Mailing Address	Suite/Apt. #	City, State	Zip Code
Primary Phone #	Alternate Phone #	Fax #	
Email Address			

### PROJECT SUMMARY

Name of Project	Original Re-zoning Case #:
Detailed Description of Modification(Include proposed use(s) and square footage of floor area for each use):	

Total Number of Parcels Involved: \_\_\_\_\_ Total Project Acreage: \_\_\_\_\_  
 Total Number of Buildings: \_\_\_\_\_ Total Estimated Cost of Planned Improvements: \_\_\_\_\_

Project Submittal Checklist and all documents, plans, written analysis, and fees required therein accompany this application form.

I hereby certify that all information provided herein and in the accompanying documents is true and correct.

Applicant Signature	Date
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Owner's Agent

### PROPERTY INFORMATION/OWNER AUTHORIZATION

If more than one parcel is the subject of review, owner-applicant shall complete information for each parcel on additional page attachments; authorized agent-applicants must complete this page for EACH parcel.

PROPERTY # \_\_\_\_\_ OF \_\_\_\_\_ TOTAL

### PARCEL (PROPERTY) INFORMATION

Property Address/Location	Suite/Apt. #	City, State	Zip Code
Parcel ID/Property Tax Identification Number	Total Acreage		
Present Use(s)	Present Zoning (Official Zoning Map)		



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Proposed Use(s) \_\_\_\_\_

### PROPERTY OWNER

Owner (Person, Firm, Corporation, or Agency) \_\_\_\_\_ Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

### PROPERTY OWNER'S AGENT (If applicable; must match applicant contact information on page #1)

Name and Company (Owner's Agent or Attorney) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

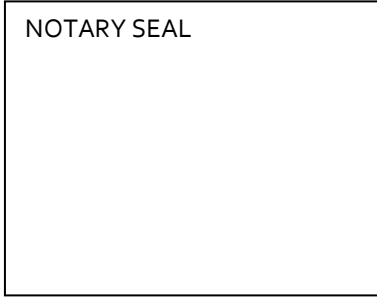
### AUTHORIZATION FOR AGENT (If applicable)

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public in the State of Georgia  
My Commission expires: \_\_\_\_\_



### FOR OFFICE USE/DETERMINATION

Review determination and fee: Review fee (payable to *The City of Clarkston*) depends on type of review(s). (See Fee Schedule):

\_\_\_\_\_ Amendment to Zoning Conditions (Fee) \$ \_\_\_\_\_

Pre-Application Date: \_\_\_\_\_ City Plnr/Engr Project # \_\_\_\_\_