



Application for Variance Request & Change in Zoning
City of Buchanan
4300 GA Hwy 120
770-646-3081

APPLICANT

Applicant Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Property Address: _____

Owner Name (*if different from applicant*): _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

REZONING REQUEST

Existing Zoning: _____ Requested Zoning: _____

Property Address: _____

Size of tract: _____ Tax parcel number: _____

Existing use of property and description of any existing structures: _____

Description of Requested Change and Reason: _____

AFFIDAVIT

Authorization by Property Owner

I swear that I am the owner of the property that is the subject matter of the attached application, as it is shown in the records of Haralson County, Georgia.

I authorize the person named below to act as applicant in the pursuit of the obtaining the re-zoning for this property.

Name of Applicant: _____

Address: _____

Phone Number: _____

Owner (*Printed Name*)

Signature of Owner

Date

Personally Appeared Before Me:

Who swears that the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

Notary Public

Date

[Notary Stamp]

