

## 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:	
	t 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	d Change and Reason:

I,	, hereby state that all of the above ne documents submitted with this application a
statements and statement contained in th true.	ne documents submitted with this application a
Applicant's Name	Signature
Owner's Name (if different than applicant)	Signature
Date	Phone Number
REQUIRED DOCUMENTS TO A	ACCOMPANY THE APPLICATION
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in the property. If the applicant is not the by the owner authorizing the applicant.  2. An updated plat and legal description of a summary of Description of Project.	he owner, attach a notarized statement signed to request the variance and change in zoning of the property.
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## **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 rezoning for this property.

Name of Applicant:	
Address:	
Phone Number:	
Owner ( <i>Printed Name</i> )	
0:1	
Signature of Owner	
Date	_
Personally Appeared Before Me:	
Who swears that the information countries best of his or her knowledge and b	ontained in this authorization is true and correct to the pelief.
Notary Public	Date

[Notary Stamp]

## **Summary Description of Project**
