

APPLICATION FOR ADMINISTRATIVE ACTION

FEE: \$50 (Cash/check only – make check payable to ACC)

Athens-Clarke County Planning Department – athensclarkecounty.com/planning
120 West Dougherty Street · Athens, Georgia 30601 · 706-613-3515 · (F) 706-613-3844

APPLICATION DATE: _____

The application for Administrative Action by the Mayor and Commission to amend a binding document from a previously approved zoning action shall be executed by all property owners, including holders of Deeds to Secure Debt, as recorded in the official records of the Superior Court of Athens-Clarke County, or their authorized agents. If more than one person or entity owns the property, attach a list of property owners with name, mailing address, telephone number, and e-mail address for each. Each owner must complete the Declaration of Ownership and, if appropriate, the Agent's Authorization must be signed by each owner. Make copies of these pages as necessary.

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

COUNTY TAX PARCEL NUMBER: _____

ZONING DISTRICT: _____

FUTURE DEVELOPMENT DESIGNATION: _____

CURRENT USE: _____

ACREAGE: _____

SEWAGE (ACC or Septic System): _____

WATER (ACC or Well): _____

WHEN WAS PROPERTY PURCHASED? _____

Checklist for Administrative Action Application

- Application form with original signatures
- 3 copies of an application report explaining the proposed amendment
- 3 copies of site plan (or concept plan) and/or proposed architectural elevations
- Digital (PDF) versions of the application report, plan, and architectural elevations
- Application fee

DECLARATION OF OWNERSHIP

The application shall be executed by all property owners, including holders of Deeds to Secure Debt, as recorded in the official records of the Superior Court of Athens-Clarke County, or their authorized agents.

I swear that I am the owner of the property located at (property address)

which is the subject property of the attached application, as shown in the records of Athens-Clarke County, Georgia

Owners Name (print): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

Signature of Owner: _____ Date: _____

AGENT’S AUTHORIZATION BY PROPERTY OWNER

I authorize the person named below to act as applicant or agent in the pursuit of a Planned Development for this property.

Signature of Owner: _____ Date: _____

Name of Agent (print): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

E-Mail Address: _____