

## ATHENS-CLARKE COUNTY PLANNING DEPARTMENT

**TYPE III APPLICATION**

FEE: \$150 (Cash/card/check – make check payable to ACC)

APPLICATION DATE: \_\_\_\_\_

*For Staff Use:*

PLAN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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. 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.

**You are requesting:** (please check) Concept Review Alternative Compliance**PROPERTY INFORMATION**

PROPERTY ADDRESS: \_\_\_\_\_

COUNTY TAX MAP #: \_\_\_\_\_

CURRENT ZONING: \_\_\_\_\_

CURRENT FLU\*: \_\_\_\_\_

PROPOSED ZONING: \_\_\_\_\_

PROPOSED FLU (Type I Only): \_\_\_\_\_

*\*FLU is an abbreviation for Future Land Use designation*

CURRENT USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

ACREAGE: \_\_\_\_\_

UTILITIES:  Public Water and Sewer  Public Water and Septic  Well and Septic

WHEN WAS PROPERTY PURCHASED? \_\_\_\_\_

A petition for a Type III review will only be accepted after a pre-application conference.

Date of Pre-Application Conference: \_\_\_\_\_

*For Staff Use:*

PLAN #: PRE - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The Unified Government of Athens-Clarke County is a public entity subject to Georgia's Open Records laws. All submitted applications and associated plans and documents are covered under such laws and may be released to other parties unless they contain information specifically protected by law.

I understand that incomplete applications cannot be processed and will result in delay. This application is complete to the best of my knowledge and in accordance with all submittal requirements.

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR STAFF USE ONLY:

14 Plan Sets:  Yes Digital Copy:  Yes

Received by/Date: \_\_\_\_\_

14 Application Reports:  Yes

## Notification to Surrounding Property Owners

The applicant shall provide to the Athens-Clarke County Planning Department blank, stamped envelopes of a number sufficient to provide notice to all property owners of parcels lying in whole or in part within a distance of 400 feet of the proposed zoning action as measured from the subject property lines. The owners of record shall be as shown on the Athens-Clarke County Tax Commissioner's records. The Planning Department shall address the stamped envelopes to send letters by regular mail giving notice of the public hearing and of the purpose of the request for a change to the zoning classification. Stamped envelopes are due at the Planning Department at the time of the application deadline.

### DECLARATION OF OWNERSHIP & AGENT AUTHORIZATION

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 \_\_\_\_\_,  
(project address)  
which is the subject property of the attached application, as shown in the records of Athens-Clarke County, Georgia

Owner's Name (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**OWNERS'S SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*If owner is an LLC, corporation, or some other business entity, please provide name of individual signing on behalf of said entity on the provided line below:*

**ORGANIZATION/BUSINESS REPRESENTATIVE\*:** \_\_\_\_\_

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

Agent's Name (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**OWNERS'S SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*If owner is an LLC, corporation, or some other business entity, please provide name of individual signing on behalf of said entity on the provided line below:*

**ORGANIZATION/BUSINESS REPRESENTATIVE\*:** \_\_\_\_\_