

CITY OF AMERICUS
APPLICATION FOR ZONING CHANGE

Applicant's Name _____

Applicant's Address _____

Street _____ City _____ State _____ Zip _____
Telephone Number (Home) (_____) _____

Owner's Name _____

Owner's Address _____

Street _____ City _____ State _____ Zip _____
Owner's Telephone Number (_____) _____

Legal description of property _____

Street Address _____

Block No. _____ Lot No. _____

Subdivision _____

Metes and bound description (if not platted) _____

Present Zoning _____

Proposed Zoning _____

Present use of property _____

Proposed use of property _____

How are adjoining properties used?

North _____ South _____

East _____ West _____

If change is granted, how will it affect adjoining properties?

X _____
Registered owner's signature

----- **Office use only** -----

Application No. _____ Date Filed _____ Hearing Date _____

Filing Fee _____ Method of Payment _____

Planning & Zoning Board's recommendation _____

City Council decision _____