

CITY of CLARKSTON

AMENDMENT TO ZONING CONDITIONS APPLICATION

Form #
200-AZC

This page must be completed by the Applicant. Please see Applicant Instructions for full requirements.

APPLICANT INFORMATION

Applicant Name		Company	
Mailing Address	Suite/Apt. #	City, State	Zip Code
Primary Phone #	Alternate Phone #	Fax #	
Email Address			

PROJECT SUMMARY

Name of Project	Original Re-zoning Case #:
Detailed Description of Modification(Include proposed use(s) and square footage of floor area for each use):	

Total Number of Parcels Involved: _____ Total Project Acreage: _____
 Total Number of Buildings: _____ Total Estimated Cost of Planned Improvements: _____

Project Submittal Checklist and all documents, plans, written analysis, and fees required therein accompany this application form.

I hereby certify that all information provided herein and in the accompanying documents is true and correct.

Applicant Signature	Date
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Owner's Agent

PROPERTY INFORMATION/OWNER AUTHORIZATION

If more than one parcel is the subject of review, owner-applicant shall complete information for each parcel on additional page attachments; authorized agent-applicants must complete this page for EACH parcel.

PROPERTY # _____ OF _____ TOTAL

PARCEL (PROPERTY) INFORMATION

Property Address/Location	Suite/Apt. #	City, State	Zip Code
Parcel ID/Property Tax Identification Number	Total Acreage		
Present Use(s)	Present Zoning (Official Zoning Map)		



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Proposed Use(s) _____

PROPERTY OWNER

Owner (Person, Firm, Corporation, or Agency) _____ Company Name _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____ Fax # _____

Email Address _____

PROPERTY OWNER'S AGENT (If applicable; must match applicant contact information on page #1)

Name and Company (Owner's Agent or Attorney) _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____ Fax # _____

Email Address _____

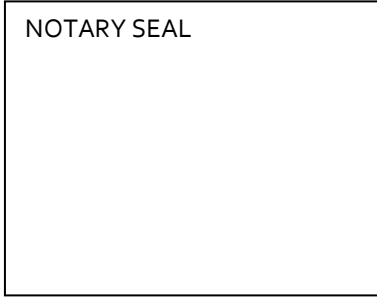
AUTHORIZATION FOR AGENT (If applicable)

Owner Signature _____ Date _____

Print Name _____

Subscribed and sworn before me this _____ day of _____, 20____.

Signature of Notary Public in the State of Georgia
My Commission expires: _____



FOR OFFICE USE/DETERMINATION

Review determination and fee: Review fee (payable to *The City of Clarkston*) depends on type of review(s). (See Fee Schedule):

_____ Amendment to Zoning Conditions (Fee) \$ _____

Pre-Application Date: _____ City Plnr/Engr Project # _____