

REZONING APPLICATION
City of Dallas, Georgia

Application #2008-_____
Hearing Date: _____

OFFICE USE
Time/Date Stamp

(Please print or type all information)

Applicant: _____ Business phone: _____ Cell: _____

Address: _____ Home phone: _____

City: _____ State: _____ Zip: _____ Fax phone: _____

E-mail address: _____

(Applicant's signature)

(Printed name of signatory)

Signed, sealed and delivered in the presence of:

Notary Public

Date Notary Commission Expires

Representative: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Fax phone: _____

Signed, sealed and delivered in the presence of:

Notary Public

Date Notary Commission Expires

Titleholder: _____ Business phone: _____ Home phone: _____

(Each Titleholder must have a separate, complete form with notarized signatures)

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Signed, sealed and delivered in the presence of:

Notary Public

Date Notary Commission Expires: _____

Present Zoning Classification: _____

Requested Zoning Classification: _____

Total Acreage of Rezoning Application: _____

Acreage of Titleholder: _____

Land Lot(s): _____ District(s): _____ Section(s): _____ Tax Parcel I.D. Number(s): _____

Location of Property: _____
physical address, if available, and nearest intersections (i.e. east/west side of given road, and north/south of given road)

Detailed description of proposed development (including maximum number of lots, if residential, or number of units): _____

Filed with City Manager: _____ (Date) _____ (Signature)

City of Dallas Planning Commission Recommendation: Approve Disapprove No recommendation Table

Conditions, reasons, stipulations: _____

City Council Decision: Approve Approve as different classification Disapprove Table

Conditions, reasons, stipulations: _____