#### **APPLICATION FOR ORDINANCE TEXT AMENDMENT**

## **Department of Community Development**

### City of Tifton, Georgia

Staff Section	
Application Number: Date Submitted:	
Applicant:	-
This application is made for the following reason(s):	
All applicants are to complete the following:	
Name of Applicant:	
Address of Applicant:	
Telephone: Home/Cell: Work:	

## **ZONING ORDINANCE TEXT AMENDMENT**

• •			omplete and provide the following ed by the Zoning Administrator:
Change Chapter	, Section		to read as follows (attach
separate sheet if necessa	nry):		
Reason for requesting Ar	mendment: (Be Spec	ific)	

#### **DISCLOSURES**

#### 1. DISCOSURES REQUIRED OF APPLICANT AND REPRESENTATIVES (each person to file separate form)

The following disclosures are required from each of the following persons: the applicant and any representative of the applicant.

Pursuant to the Conflict of Interest in Zoning Act, O.C.G.A § 36.67A-1 et seq., any applicant of this rezoning who has made, within two years immediately preceding the filing of the application, campaign contributions aggregating \$250.00 or more to the Mayor, City Council or any Planning Commission member, should file an OPPONENT OF REZONING ACTION COAMPAIGN DISLOSURE REPORT, showing the contribution amount(s) and date(s). Such disclosure should be filed at least five calendar days prior to the Planning Commission's hearing. Violation of this Act shall not affect the validity of the rezoning, but such action may be a misdemeanor under O.C.G.A. § 36-67A-4.

Have you, as owner, applicant, or representative of owner or applicant, made a campaign contribution to the Mayor, any Council Member or any member of the Planning Commission within two years immediately preceding the filing of this application aggregating \$250.00 or more or made a gift to any of the above having an aggregate value of \$250.00?

	-	YES	_	No		
If Yes: (	(1)	The	name	of	the	Official(s)
	the local	dollar amount and government off gof the application	icial named abov		-	
		value and descripers immediately pr	~	-		nore during the
Sworn and sub				DDINTER	Name of Applic	
triis day d	···	, 20	_•	PRINTEL	Name of Application	anı
Noton Dublic				SIGNATI	URE of Applicant	
Notary Public My Commissio	n expires:			Date		

## **OATH AND FEES**

All applicants are to complete the following:

I hereby swear that all above information is true and correct to the best of my knowledge.

Sworn and subscribed before me, this day of, 20	PRINTED Name of Applicant	
<del></del>	SIGNATURE of Applicant	
Notary Public	Data	
My Commission expires:	Date	

Applicants should be present at both the Planning Commission Hearing and the City Council's Hearing.

This application and the accompanying fee must be submitted to the City of Tifton, Department of Community Development Administrative Assistant. Applications shall not be accepted without the applicable fee. (Please contact the Department of Community Development for application deadline information 229-391-3950)

#### **AGENT'S CERTIFICATION**

For this purpose of this application, I(we) hereby appoint the following named individual(s) as our duly authorized agent(s): Owner(s) Agent(s) Address Address Telephone Number Telephone Number Cell Number Cell Number Email Email Date Date Sworn and subscribed by me Sworn and Subscribed by me **Notary Public Notary Public** This \_\_\_\_\_, 20\_\_. This \_\_\_\_\_, 20\_\_.

# CITY OF TIFTON STAFF ANALYSIS APPLICATION FOR ZONING DECISION (FOR STAFF USE ONLY)

Application # _	Date Submitted:		
Owner/Applica	nt:		
Requested Change:			
Notice:	Date of Public Meeting before Planning Commission:  Date of Public Hearing before Mayor and Council:  Sign Posted:  Published Notice:  Is the application and notice in order to move forward? YES/NO  Comment and Recommendations:		
Staff analysis po	erformed by:		
Date:			