

**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: \_\_\_\_\_

Email: \_\_\_\_\_

# ZONING ORDINANCE TEXT AMENDMENT

1. Applicants for Zoning Ordinance Text Amendments shall complete and provide the following minimum information. Additional information may also be required by the Zoning Administrator:

Change Chapter \_\_\_\_\_, Section \_\_\_\_\_ to read as follows (attach separate sheet if necessary):

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Reason for requesting Amendment: (Be Specific)

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# 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\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
PRINTED Name of Applicant

\_\_\_\_\_  
SIGNATURE of Applicant

\_\_\_\_\_  
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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Application # \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_

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

1. Further Comment and Recommendations:

Staff analysis performed by:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_