



Rezoning/Conditional Use/Variance Application

APPLICANT

First Name: _____ Last Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Status: Owner Agent
Cell: _____ Email: _____

PROPERTY

Address: _____ City: _____ State: _____ Zip Code: _____
Map and Parcel #: _____ Total Area (acreage): _____

Application Requirements and Supporting Documents: (Submit 6 copies of each)

Contact the Zoning Administrator or Zoning Ordinance Articles 30 or 33 for clarification of the below requirements. The Zoning Ordinance may be found online at www.cityofforsyth.net.

- 1) Legal description of the property;
- 2) Survey plat of the property;
- 3) Letter of intent describing the proposed use of the property or other action requested;
- 4) Site plan of the property at an appropriate engineering scale showing the proposed use and relevant information regarding proposed improvements;
- 5) Statistics regarding the proposed development;
- 6) Written analysis of how the proposed action compares to decision criteria specified for deciding on the subject type of application (rezoning, conditional uses, or variance);
- 7) Description on any special conditions voluntarily made a part of the request;
- 8) Other information as may be required by the Zoning Administrator.

Current Zoning: _____ Current Use of Property: _____
Proposed Zoning: _____ Proposed Use of Property: _____

The applicant will be notified of City Council and P&Z meetings and should attend.

_____ Applicant Printed Name	_____ Signature	_____ Date
_____ Owner Print Name (if not applicant)	_____ Owner Signature	_____ Date
_____ Notary Print Name	_____ Notary Signature	_____ Date

City Use Only

File #: _____ Fee: _____ Application Date: _____ Initial Council Meeting Date: _____
Date: Published Notice _____ Sign: _____ Date of Hearing: P&Z _____ Council _____
P&Z Recommendation: _____ City Council Decision: _____
Signed: _____ Date: _____
Zoning Officer