

CITY OF GILMER
APPLICATION FOR ZONING CHANGE

Zoning request # - _____

Date filed - _____

1. Applicant: _____

2. Address: _____

3. Telephone number(s): _____

4. Owner, agent, or attorney: _____
(if same as above, write same)

5. Address: _____

6. Zoning request: From - _____

To - _____

7. Property location: Lot no. _____ Block no. _____ Addition _____

Address: _____

8. Reason for requested change: _____

I hereby certify the above information is true and correct and request the Planning and Zoning Commission and the City Council to consider the request. I am accompanying this request with the \$250.00 application fee and I understand that it is not refundable. To process the application it encompasses several legal procedures; therefore, it will take from 60 to 90 days to complete the process. I understand the zoning change process specified in the zoning ordinance will be followed including holding of public hearings and notification of adjacent property owners.

*You must be the owners of the property for which a zoning request is made. You must hold the deed to the property referenced in question #7.

Signature of applicant

Date