



MORGAN COUNTY PLANNING COMMISSION

Submit to: Morgan County Planning & Development
150 E. Washington Street, Suite 200
Madison, Georgia 30650

APPLICATION FOR ZONING ACTION: TEXT AMENDMENT

Applicant Information

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Submission of inaccurate information may be cause for denial of the request or, if discrepancies are realized after the approval for the petition, cause for the revocation of the approval by the Board of Commissioners. The following documents must be submitted with this application prior to the application deadline. **Partial applications will not be accepted.**

1. Payment of appropriate fee (please make checks payable to Morgan County).
2. Written description of your request in letter format, addressed to the Morgan County Planning Commission. All Articles, Chapters and Sections affected by the requested text amendment must be identified. The written description must include specific wording requested to be added, deleted or modified, along with modified Chapter or Section numbers, if applicable. Suggested language in paraphrased format will not be accepted. Zoning districts to be affected by the proposed language change must be identified. Sufficient justification must be made as to why the language should be modified. Such justification must address all properties affected by the requested change and should not focus on the applicant's property.

The documents listed above are the minimum requirements. Staff may require additional documentation depending on the nature of the Text Amendment request. All submitted documents are public records and subject to Opens Records Law.

Has applicant made \$250 or more in campaign contributions to a local government official within two years immediately preceding the filing of this application? Y N If yes, please complete contribution affidavit.

I understand that I am requesting a change to the ordinances of Morgan County and that such change, if approved, will affect properties other than my own. Therefore, the decision to approve, or not, the requested text amendment will depend on how the language will affect all properties within the identified zoning districts, and not specifically how my property, or property that I am representing, will be affected.

Applicant Signature: _____ Date: _____



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OWNER AUTHORIZATION

Owner Information

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Property Information

Address: _____
Tax Parcel: _____
Acreage: _____

I swear that I am the owner of the property listed above. I authorize _____
(applicant's name) to apply for a zoning action (zoning map amendment, conditional use, variance) at the above
listed address, as identified on the attached application.

Owner signature

Notary Public
Sworn and subscribed before me this
___ day of _____ 20__.

CAMPAIGN CONTRIBUTION DISCLOSURE

If the business of the applicant or owner, or the applicant or owner individually, have made contributions or gifts having a total value of over \$250 or more to any elected official in Morgan County within two (2) years preceding the date of this application, the following must be completed:

| Name of Recipient | Date | Contribution Amount | Description of Gift | Value of Gift |
|-------------------|------|---------------------|---------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Name of Business: _____
Business Ownership Interest: _____ Property Ownership Interest: _____

I hereby depose and say that all statements herein are true, correct and complete to the best of my knowledge and belief.

Owner or Applicant Signature

Notary Public
Sworn and subscribed before me this
___ day of _____ 20__.