

**Application for a Change in Zoning Classification of Property Pulaski County**

Pulaski County Commissioner's Office

P.O. Box 29

Hawkinsville, Ga. 31036

Phone: (478) 783-4154

Fax: (478) 783-9209

The following items are needed in order for this application to be processed:

- \* Two (2) copies of this completed form, typed or filled out in black ink.
- \* Personal or Certified Check in the amount of \$\_\_\_\_\_/lot/action for the application fee. Application fee shall be paid to Pulaski County for each application in order to cover the necessary administrative costs.

**Description of Property**

**Location of Property** (also attach two (2) copies of the current zoning map with the location of the property indicated) \_\_\_\_\_

**Size of Property** \_\_\_\_\_

**Current Zoning District** \_\_\_\_\_ **Requested Zoning District** \_\_\_\_\_

**The property is best suited for the requested change for the following general reason(s):**  
\_\_\_\_\_  
\_\_\_\_\_

**Application Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**Property Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Upon completion of this application, the applicant must do the following:

- Publish a meeting notice in the newspaper and notify all affected property owners.
- Present a notarized statement to the County Clerk of the fact that the above action has been taken.

Amount Paid: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_