



**APPLICATION FOR REZONING**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Property to be Rezoned:  
\_\_\_\_\_  
\_\_\_\_\_

Layman's Description of Location of Property:  
\_\_\_\_\_  
\_\_\_\_\_

Legal Description- A typed, double spaced, metes and bounds description shall be attached on separate sheet.

Zone Classification: Preset: \_\_\_\_\_ Desired: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

Desired Use of Property: \_\_\_\_\_

The Purpose of this Rezoning is: \_\_\_\_\_  
\_\_\_\_\_

Attach a scale drawing showing site plan, location, dimensions, and use of existing and proposed structures, easements, water courses, fences, curb cuts, street and alley right-of-way lines on and within one foot of the property proposed for rezoning.

THE ABOVE STATEMENT AND ACCOMPANYING MATERIALS ARE COMPLETE AND ACCURATE. APPLICANT HEREBY GRANTS PERMISSION FOR PLANNING AND ZONING PERSONNEL TO ENTER UPON AND INSPECT THE PROPERTY FOR ALL PURPOSES ALLOWED AND REQUIRED BY THE COMPREHENSIVE LAND DEVELOPMENT RESOLUTION FOR THE CITY OF BYRON AND PEACH COUNTY.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Paid

Fee Amount \$ \_\_\_\_\_