

PUTNAM COUNTY ZONING AMENDMENT APPLICATION for REZONINGS

If an item below does not apply to you, write "not applicable" (NA)

PROPERTY OWNER

*If more than one property owner,
please submit their names and
addresses on a separate page.*

NAME _____ TELEPHONE _____

FAX: _____ CELL: _____ EMAIL: _____

ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

**FOR A
REZONING
THIS APPLICATION
MUST INCLUDE THE
FOLLOWING
INFORMATION IN
ORDER TO
SCHEDULE A PUBLIC
HEARING:**

LOCATION OR ADDRESS OF THE PROPERTY TO BE REZONED: _____

TAX MAP _____ PARCEL(S) _____ OF THE PROPERTY(S) TO BE REZONED.

EXPLANATION OF THE REZONING REQUEST: _____

CURRENT ZONING DISTRICT: _____ TO BE REZONED TO WHAT DISTRICT: _____

1. APPLICANT TO PROVIDE A LIST OF PROPERTY OWNERS' NAMES, ADDRESSES AND TAX MAP AND PARCEL NUMBERS THAT ARE WITHIN 250 FEET OF THE PROPOSED REZONED PROPERTY(S). *(PROPERTY LIST MAY BE ESTABLISHED FROM THE PUTNAM COUNTY ASSESSOR'S MAPS AND ADDRESSES).*
2. IF THE PROPERTY IS LOCATED WITHIN 200 FEET OF A MUNICIPALITY, THE CITY CLERK OR TOWN RECORDER SHALL BE NOTIFIED BY CERTIFIED MAIL.
3. APPLICANT TO SUBMIT BLANK STAMPED ENVELOPES FOR THE NUMBER OF PROPERTY OWNERS ESTABLISHED ON THE ABOVE LIST (AND THE MUNICIPALITY, IF APPLICABLE). ***PROPERTY LIST MAY BE ESTABLISHED FROM THE PUTNAM COUNTY ASSESSOR'S MAPS AND ADDRESSES.***
4. SUBMIT A COPY OF THE DEED SHOWING OWNERSHIP OF THE PROPERTY TO BE REZONED.
5. SUBMIT A COPY OF A SURVEY PLAT OF THE PROPERTY TO BE REZONED.
6. THIS APPLICATION AND ALL REQUIREMENTS MUST BE FILED WITH THE OFFICE OF PLANNING AND INFRASTRUCTURE BY THE DEADLINE FOR THE CURRENT PUBLIC HEARING DATE IN ORDER TO ALLOW FOR THE REQUIRED MINIMUM OF 15 DAYS FOR ADVERTISED NOTICE PRIOR TO THE HEARING. CALL THE OFFICE AT 586-0237 FOR THE MOST CURRENT DEADLINE DATE.
7. REZONING FEE IS \$200.00, TO BE PAID UPON SUBMITTAL OF THIS APPLICATION.
8. COMPLETION OF PAGE 3 OF THIS APPLICATION, "DISCLOSURE STATEMENT".

**NOTE: BE SURE TO
SIGN AT BOTTOM.**

I, _____ *(Please Print)*, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true. In addition, I understand the Zoning Ordinance of the Putnam County Planning Commission.

Signature of Property Owner

Date

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PLANNING COMMISSION USE:

FEE: _____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	RECEIPT # _____
AMOUNT PAID: _____	CHECK # _____		INVOICE # _____

ZONING DISTRICT _____ TAX MAP _____ PARCEL _____

PLANNING COMMISSION PUBLIC HEARING DATE: _____

PLANNING COMMISSION RECOMMENDATION APPROVED DENIED

COUNTY COMMISSION PUBLIC HEARING DATE: _____ COUNTY COMMISSION DECISION DATE: _____

COUNTY COMMISSION DECISION: APPROVED DENIED

IF APPROVED: NEW ZONING DISTRICT: _____

ZONING MAP UPDATED ON _____ BY: _____

PLANNING COMMISSION OFFICER

DISCLOSURE STATEMENT

Your application to the Office of Planning and Infrastructure may require that your requested action be brought before the Putnam County Board of Zoning Appeals or the Putnam County Planning Commission. These two entities are comprised of Putnam County residents.

In order to determine if a current member of either the Putnam County Planning Commission or the Putnam County Board of Zoning Appeals may have a potential conflict of interest with your application, please provide the Office of Planning and Infrastructure with the following information. State law requires that a member of either board recuse himself/herself from the proceedings if a conflict of interest exists. Thank you for your cooperation.

Name of Property Owner(s): _____ Phone: _____

Address: _____

Project: _____

Name of Financial Institution financing this project: _____

Name of Project Engineer/Firm: _____

Name of Project Architect/Firm: _____

Name of Project Realtor/Firm: _____

Name of Building Materials Supplier/Firm: _____

Name of Developer/Development Firm: _____