

APPLICATION FOR ZONING ACTIONS

**MAP AMENDMENTS
SPECIAL USES
VARIATIONS**

FILE NUMBER

PARCEL NUMBER

Name of Applicant: _____

Address: _____ City _____

State, Zip: _____ Phone: _____

Attorney: _____

Address: _____ City _____

State, Zip: _____ Phone: _____

Owner of Property: _____

Address: _____ City _____

State, Zip: _____ Phone: _____

Legal description of property: (May be attached) _____

MAP AMENDMENTS OR SPECIAL USES

Existing Zoning District: _____

Existing Use: _____

Proposed Map Amendment: _____

OR

Proposed Special Use: _____

VARIATIONS

Zoning District: _____

Existing Use: _____

Requested Use: _____

OR

Required Setback: _____

Requested Setback: _____

OR

Existing Requirements (Please Specify): _____

Requested Requirements (Please Specify): _____

The undersigned grants the DeKalb County Planning Director or his/her designee and the Hearing Officer permission to enter upon the property described on this application for the purpose of inspection.

Owner or Authorized Agent

Date

Received By