



Case No. _____

ANNEXATION APPLICATION (100% METHOD)

APPLICANT INFORMATION	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____
PROPERTY OWNERSHIP	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____
CONTACT PERSON	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____ <p style="text-align: center;"><i>(All staff correspondence will be sent only to one designated contact person.) (Address and telephone numbers do not have to be repeated if provided above.)</i></p>
REQUEST	Location Address: _____ Present Zoning _____ Proposed Zoning _____ Proposed Use of the Property (attach additional sheets if necessary): _____ _____ _____ _____

FILING REQUIREMENTS	<p><i>This application will not be processed unless the following items are submitted with it.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Filing fee (Varies. No fee for annexations seeking default R-40 zoning. All other annexations fees based on the applicable zoning map amendment fee. Make check payable to the City of Statesboro, Planning Department.) <input type="checkbox"/> Eight copies of a recordable plat(s) of the property proposed for annexation. <input type="checkbox"/> Signed and notarized Disclosure of Campaign Contributions. <input type="checkbox"/> Application <i>must</i> be signed by property owner(s) and signatures must be original. Additional copies of this page may be attached if necessary for additional property owners.
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I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance as well as all procedures and policies of the City of Statesboro Planning Commission as those provisions, procedures and policies relate to the handling and disposition of this application. I attest that the information contained in this application is true and accurate to the best of my/our knowledge.

_____ (signature of applicant) _____ (printed name of applicant) _____ (date)

We, the undersigned, all of the owners of all real property of the territory described herein, respectfully request that the Statesboro City Council annex this territory to the City of Statesboro, Georgia, and to extend the city boundaries to include the same. The territory to be annexed is unincorporated and contiguous (as described in OCGA Sect. 36-36-20) to the existing corporate limits of Statesboro, Georgia, and the description of such territory is attached and made a part of this application.

_____ (signature of property owner) _____ (printed name of property owner) _____ (date)

_____ (signature of property owner) _____ (printed name of property owner) _____ (date)

_____ (signature of property owner) _____ (printed name of property owner) _____ (date)

_____ (signature of property owner) _____ (printed name of property owner) _____ (date)

**City of Statesboro
Planning Department
50 E. Main St., 3rd Floor
P. O. Box 348
Statesboro, GA 30459-0348
Telephone (912) 764-5468
Fax (912) 764-4691**

Rec'd by:	Date:
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