



Case No. \_\_\_\_\_

# SPECIAL EXCEPTION APPLICATION

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

<b>FILING REQUIREMENTS</b>	<p><b><i>This application will not be processed unless the following items are submitted with it:</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Filing fee</b> (\$150.00 [Single-family residential district], \$250.00 [R-3 &amp; R-4 Multi-family districts], \$250.00 [Commercial &amp; Industrial districts]). Make check payable to: <b><i>City of Statesboro, Planning Department.</i></b></li> <li><input type="checkbox"/> <b>Survey or plat</b> showing property lines with lengths and bearings, adjoining streets, locations of existing structures, north arrow, and scale. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger.</li> <li><input type="checkbox"/> <b>Signed and notarized Disclosure of Campaign Contributions.</b></li> <li><input type="checkbox"/> <b>Application <i>must</i> be signed by property owner(s) and signatures must be original.</b> Additional copies of this page may be attached if necessary for additional property owners.</li> </ul>
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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)
(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, 3<sup>rd</sup> Floor**  
**P O Box 348**  
**Statesboro, GA 30459-0348**  
**Telephone (912) 764-0630**  
**Fax (912) 764-0664**

Rec'd by:	Date:
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## City of Statesboro

### DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(Required by Title 36, 67A, Official Code of Georgia Annotated)

Case Number: \_\_\_\_\_

Application to rezone real property described as follows:

Property Address/ Location: \_\_\_\_\_

Please check that which applies:

- ☐ I have not within the two years preceding the above application made campaign contributions aggregating \$250.00 or more to a government official(s) of the City of Statesboro who will consider the application.
- ☐ I have within the two years preceding the above application made campaign contributions aggregating \$250.00 or more to a government official(s) of the City of Statesboro who will consider the application. The contribution(s) are as follows:

Official's Name:	Position:	Contribution amount:	Date of Contribution:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby declare and confirm that all statements herein are true, correct, and complete to the best of my knowledge and belief.

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

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public