

Date Received: _____
Public Hearing Date: _____
File # _____

ZONING APPLICATION

COLUMBIA COUNTY, GEORGIA

ADDITIONAL OWNERSHIP INFORMATION:

OWNER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____
Email (or) Fax: _____

OWNER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#: _____
Email (or) Fax: _____

DISCLOSURE

Does any local government official or member of their family have a financial interest in the property, or has the applicant made campaign contributions in the aggregate of \$250 or more within the past two years to any local government official? **(Yes or No). If yes, a full written disclosure must be submitted with this application.**

I hereby depose and say under the penalty of perjury that all of the statements contained in or submitted with this application are true.

Owner's Signature

Printed Name

Owner's Signature

Printed Name

Subscribed and sworn to before me on _____ day of _____ 20____.

By: _____ Notary Public

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