

CITY OF ATHENS

COMMUNITY DEVELOPMENT

APPLICATION FOR AMENDMENT TO ZONING MAP AND/OR ORDINANCE

(Please print or type the following. Attach extra sheets if insufficient space is provided.)

Name of Applicant(s):

Address:

Phone Number:

Description of Area Requested to be Re-Zoned:

Present Zoning Classification of the Area: _____

Requested Zoning Classification of the Area: _____

The above information is true and accurate to the best of my knowledge.

Date

Signature of Applicant

This application must be accompanied by a \$200 filing fee.