

Zoning can affect everyone's property, so the commission was created with an effort to include citizens of all areas in the community to address these issues.

Committee Members

Joe Jossey

Sara Kantala

Barbara Hammond

Contact

Cindy Churney, City Clerk

Phone: 706-213-3100

Email: cchurney@cityofelberton.net

Monthly Meeting Schedule

3rd TUESDAY of each month at 1:00 p.m.

(meets only if application to consider)

ELBERTON ZONING BOARD OF ADJUSTMENTS



**City of Elberton
PO Box 70
203 Elbert St
Elberton, GA 30635**

Elberton Zoning Board of Adjustments

P. O. Box 70, 203 Elbert Street, Elberton, Georgia 30635
Phone: 706-213-3100 ~ Fax: 706-213-3125



APPLICATION FOR CONSIDERATION

Section 1. General Information:

Name of Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Contact Number(s): _____

Location of Property: _____

(include street address, if available)

Relationship of applicant to property (lessee, owner, purchaser): _____

The commission is being asked to consider (detailed description of plan/project/request):

Is there an application relevant to this property pending before the Elberton City Council, Planning Commission, Historic Preservation and/or any other regulatory or administrative authority, which may have a bearing on the subject of this application? No Yes
(explain) _____

Who will represent the applicant at the meeting (include name and relationship to applicant)?

Section 2. Required Information: (failure to submit required attachments will prevent application from being considered by the commission).

- Legal Description of Property: Attached
Copy of Plat (showing dimensions, acreage, landscape architect or land surveyor whose state registration is current and valid and whose seal shall be affixed to the plat): Attached
Copy of the deed that reflects the current owner(s) of the property: Attached
Application Fee: \$200

Section 3. Applicant/Owner Certification:

The applicant certifies that all information contained in this application, and all information furnished in support of this application, is true and complete to the best of my knowledge. Should any portion not be true, then the application may be rejected. The owner/applicant hereby gives permission to enter on the property for inspection during the time the application is pending.

Signature of applicant/agent _____ Date _____

Signature of property owner (if applicable) _____ Date _____

Note to Applicant: Board meets 3rd Tuesday at 1:00 p.m. each month provided an application has been submitted by the deadline (no more than 45 days and at least 15 days prior to hearing/meeting). Submit information to Zoning Administrator at address above either by fax, mail or hand delivery. **Zoning guidelines are located at www.cityofelberton.net (city code / chapter 22 land use) or (Volunteer Elberton/Zoning Board).**

TO BE COMPLETED BY STAFF ONLY:

Date application received: _____ Received by: _____

Attachments included: Yes No (explanation) _____

Application fee included: Yes No (explanation) _____

Hearing Date: _____ Date of Council Meeting: _____

The City of Elberton reserves the right to obtain additional information that reasonably may be required in order that an informed decision may be made.