

COMMITTEE MEMBERS

SARA KANTALA (CHAIR)

LONNIE BLACKWELL

WALTON HOWELL

JIM STOVALL

CONTACT INFORMATION

CINDY CHURNEY, CITY CLERK 706-213-3100 CCHURNEY@CITYOFELBERTON.NET

MONTHLY MEETING SCHEDULE

**3RD MONDAY OF EACH MONTH AT 1:00 P.M.
(MEETS ONLY IF APPLICATION TO CONSIDER)**

THE COMMISSION LOOKS TO THE FUTURE
WITH ANTICIPATION AT HOW THE
COMMUNITY WOULD LIKE
TO SEE GROWTH DEVELOP AND HOW TO
ENCOURAGE IT IN A POSITIVE DIRECTION.

ELBERTON PLANNING COMMISSION



**CITY OF ELBERTON
PO Box 70
203 ELBERT ST
ELBERTON, GA 30635**

Elberton Planning Commission

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, Zoning Board of Adjustments, 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: \$100 Conditional Uses \$50 Modular Home \$200 Zone Change

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: Commission meets 3rd Monday 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 (Planning & Zoning)**

TO BE COMPLETED BY STAFF ONLY:

Date application received: Received by:

Attachments included: Yes No (explanation)

Application fee included: Yes No (explanation)

Date of EPC Meeting: 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.