

## Committee Members

Joe Jossey

Pam Allen

Bill Bennett

Barbara Kay

Jim Stovall

## Contacts

Cindy Churney, City Clerk 706-213-3105

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Jeff Algood, City Marshal/Zoning 706-213-3104

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## 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



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**APPLICATION FOR CONSIDERATION**

**Section 1. General Information:**

Name of Applicant:

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Mailing Address:

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City, State, Zip:

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Contact Number(s):

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Location of Property:

(include street address, if available)

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

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Nature of Request (detailed description of plan/project/request):

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**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
- Nature of Request (check one):  
\_\_\_\_ \$100 Conditional Uses    \_\_\_\_ \$50 Modular Home    \_\_\_\_ \$200 Zone Change
- Application Fee (make check payable to the City of Elberton): \_\_\_\_\_ Attached

**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.

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Signature of applicant/agent \_\_\_\_\_ Date \_\_\_\_\_

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Signature of property owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**Note to Applicant:** Commission meets 3<sup>rd</sup> 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). The Zoning Code is located at [www.cityofelberton.net](http://www.cityofelberton.net) (Code of Ordinances / Code of Ordinances / Chapter 22 Land Use).

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**TO BE COMPLETED BY STAFF ONLY:**

Date application received: \_\_\_\_\_ Received by: \_\_\_\_\_

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Attachments included:  Yes  No (explanation) Fee Included:  Yes  No

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.