



APPEAL OF ADMINISTRATIVE DECISION

Instructions:

A properly completed application to include all required supplemental documents and payment of fees are due at the time of submittal. Original signatures are required. Incomplete applications will not be accepted nor further processed.

Applicant Name: _____ **Date:** _____

Tax Map & Parcel #(s): _____

Physical Address (if applicable): _____

Checklist:

- 1. Fee (*nonrefundable*): \$250 _____
- 2. Completed Application Form _____
- 3. Other necessary documentation to support the appeal
(Examples: Maps, Recorded Plats, Site Plans, etc.)
- 4. Other Information as may be required by the Zoning Administrator _____



OWNER/APPLICANT INFORMATION: _____

APPLICANT INFORMATION

Name: _____

Address: _____

City, State _____ Zip _____

Phone Number(s): _____

Email Address _____

PROPERTY OWNER INFORMATION:

If more than one property owner, add additional pages as needed for each property owner.

Property Owner Name: _____

Mailing Address (if different from above): _____

City, State _____ Zip _____

Phone Number(s): _____

Email Address _____

Property Owner Name: _____

Mailing Address (if different from above): _____

City, State _____ Zip _____

Phone Number(s): _____

Email Address _____



PROPERTY INFORMATION: _____

TAX MAP & PARCEL #(s): _____

ADDRESS OF PROPERTY: _____

CURRENT ZONING DISTRICTS: _____ TOTAL ACREAGE: _____

1. Decision which you are requesting an appeal from: (Note Decision or Action by City Official)

2. Applicable section(s) of the City of Commerce Unified Development Code:

3. Reason(s) indicated by City staff for denial or condition:

4. Reason(s) why you believe the decision should be overturned and/or modified:



APPLICANT'S CERTIFICATION:

THE UNDERSIGNED BELOW STATES UNDER OATH THAT THEY ARE AUTHORIZED TO MAKE THIS APPLICATION.

Signature of Applicant

Date

Type or Print Name

Notary Seal

Signature of Notary Public

Date



PROPERTY OWNER'S CERTIFICATION: _____

Signature page required for each/every owner.

I do solemnly swear and attest, subject to criminal penalties for false swearing, that I am the legal owner, as reflected in the records of Jackson County, Georgia, of the property identified below, which is the subject of the attached appeal application before the City of Commerce, Georgia. As the legal owner of record of the subject property, I hereby authorize the individual named below to act as the applicant in the pursuit of this Application in request of the items indicated below.

I, _____, authorize, _____,
(Property Owner) (Applicant)

to file for _____, at _____,
(Application Type) (Address)

on this day _____ of _____, 20_____

- I understand that failure to supply all required information (per the relevant Applicant Checklists and requirements of the City of Commerce Zoning Ordinance) will result in REJECTION OF THE APPLICATION.
- I understand that representation associated with this application on behalf of the property owner, project coordinator, potential property owner, agent or such other representative shall be binding.

Signature of Property Owner

Date

Type or Print Name

Notary Seal

Signature of Notary Public

Date