

CITY OF FLOWERY BRANCH
COMPREHENSIVE PLAN AMENDMENT APPLICATION

APPLICATION TO AMEND TEXT OF THE COMPREHENSIVE PLAN, FLOWERY BRANCH, GEORGIA

Applicant: is the (check one) Owner
 Owner' Agent
 Other

Name (please print)

Name (please print)

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number(s) Fax

Phone Number(s) Fax

Corporation: Submit list of officers, directors and major stockholders with name, address and title.

Partnership: Submit list of all partners with name, address and title.

Contact Person: _____ Phone: _____ Fax: _____

Cell Phone: _____ E-mail: _____

Present Section(s) of Comprehensive Plan to be modified:

Reason for amendment:

As a minimum, the following items are required with submittal of this application.

- Payment of the amendment application fee of \$500. Make checks payable to City of Flowery Branch.
- Letter of intent explaining what is proposed.
- Seven (7) stapled or bound copies of this application and all supporting documents, in addition to one (1) unbound application bearing original signatures. All documents must be folded to 8 ½ x 11".

CONFLICT OF INTEREST DISCLOSURE

Identify all members of the City Council of the City of Flowery Branch and Employees of the City of Flowery Branch Community Development Department who

(1) Have a property interest in the real property affected by this request

(2) Have a financial interest (direct ownership interest) of the total assets or capital stock of a business entity where such ownership interest is more than 10% in any business entity which has a property interest in the real property affected by this request

(3) Have a member of the family (spouse, mother, father, brother, sister, son or daughter) having a property financial interest as herein defined, in the real property affected by this request

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

List below the names of local government officials of the City of Flowery Branch to whom campaign contributions were made, within two (2) years immediately preceding the filing of this application, which campaign contributions total \$250.00 or more or to whom gifts were made having a total value of \$250.00 or more.

Elected Officials Name

Amount of Description of Gift

SIGNATURE(S) OF APPLICANT(S)

I/We, the applicant(s), submit this application and certify that the information is correct and true to the best of my knowledge.

Applicant

Applicant

Applicant

Notary (required by Zoning Code)

HEARING DATE

This application is scheduled to be heard by the Mayor and Council of the City of Flowery Branch at their meeting of _____, 200_, at _____ in the Council Chambers of Flowery Branch City Hall, 5517 Main Street, Flowery Branch, Georgia.

Applicant or agent must be present in order for the request to be heard.

RECEIPT

Submission fee for Comprehensive Plan Amendment received from

in the amount of \$_____.

City of Flowery Branch

BY: _____
City Planner

Date: _____