



THE CITY OF HAMPTON
 17 E. Main Street South
 P.O. Box 400
 Hampton, GA 30228
 (770) 946-4306

**APPLICATION TO AMEND
 COMPREHENSIVE PLAN OF
 THE CITY OF HAMPTON**
 (Pursuant to Appendix A: Zoning,
 Article 12. Section 12-7)

Name of Applicant: _____ Tel.: _____

Mailing Address: _____ Email: _____

Name of Property Owner: _____ Tel: _____

(Attach additional page for more than one owner)

Address of Property: _____ Tax Parcel No: _____

Amendment Requested: _____

ATTACH THE FOLLOWING DOCUMENTS:

1. Written legal description of the property (copy of deed) – full metes and bounds description rather than plat reference.
2. Plat showing property lines and lengths and bearings, adjoining streets, locations of existing buildings, north arrow and scale. Submit seven copies of the plat. Submit on PDF of the plat.
3. List of adjacent property owners
4. Disclosure of Campaign Contributions and Gifts Form.
5. If Property Owner and Applicant are not the same, Authorization by Property Owner Form or Authorization of Attorney Form.
6. Filing fee payable to the City of Hampton.
7. Letter of Intent, conceptual plan

I hereby authorize the staff of City of Hampton to inspect the premises of the above described property. I hereby depose and say that all statements herein and attached statements submitted are true and correct to the best of my knowledge and belief.

Sworn to subscribe before me

This _____ day of _____, 20_____.

 Signature of Applicant

 Notary Public

Planning Department Review:

Date of Review: _____

Staff's Recommendation: _____

Conditions: _____

Mayor and Council of the City of Hampton:

Date of Hearing: _____

Council's Decision _____

Conditions required: _____

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

Reference: Application filed on _____, 20_____, to rezone real property described as follows:

Within two years preceding the above filing date, the Applicant has made campaign contributions aggregating \$250.00 or more to each member of the City Council of the City of Hampton who will consider the Application and is listed below. List (1) the name and official position of the local government official and (2) the dollar amount, description, and date of each such campaign contribution.

I hereby depose and say that all statements herein are true, correct and complete to the best of my knowledge and belief.

Signature of Applicant

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public

DISCLOSURE OF FINANCIAL INTERESTS

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

Reference: Application filed on _____, 20_____, to rezone real property described as follows:

_____ The undersigned official of the City of Hampton has a property interest (Note 1) in said property as follows:

_____ The undersigned official of the City of Hampton has a financial interest (Note 2) in a business entity (Note 3) which has a property interest in said property, which financial interest is as follows:

_____ The undersigned official of the City of Hampton has a member of the family (Note 4) having a property interest in said property of a financial interest in a business entity in said property, which family member and property interest or financial interest are as follows:

Note 1: Property interests – Direct ownership of real property, including and percentage of ownership less than total ownership.

Note 2: Financial interest – All direct ownership interests of the total assets or capital stock of a business entity where such ownership interest is 10 percent (10%) or more.

Note 3: Business entity – Corporation, partnership, limited partnership, firm, enterprise, franchise, association, or trust.

Note 4: Member of family – Spouse, mother, father, brother, sister, son or daughter.

I hereby depose and say that all statements herein are true, correct and complete to the best of my knowledge and belief.

Signature of Applicant

Sworn to and subscribed before me

This _____ day of _____, 20____.

Notary Public

AUTHORIZATION OF PROPERTY OWNER

Application for Comprehensive Plan Amendment

I swear that I am the owner of the property, which is the subject matter of the attached application, as is shown in the records of Henry County, Georgia.

I authorize the person named below to act as Applicant in the pursuit of rezoning or a variance of this property.

Name of Applicant _____

Address _____

Telephone No. _____

Signature of Owner

Personally, appeared before me

Who swears the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

Notary Public

Date

AUTHORIZATION OF ATTORNEY

Application For Comprehensive Plan Amendment

I swear that as an attorney at law, I have been authorized by the owner to file the attached application.

Signature of Attorney

Name

Address

City

State

Zip Code

Telephone Number