



Appeal of Administrative Decision Application

Douglas County Planning and Zoning Board
Douglas County, Georgia

Applications will be received on business days between 9:00 AM and 3:00 PM

Date of Application: _____ Application #: _____

Address of Property:

Land Lot: _____ District: _____ Section: _____ Parcel: _____

Area: _____ Acres or _____ Square Feet

Current Zoning: _____

Owner of Property: _____

Mailing Address:

Telephone Number (Daytime): _____

Applicant: _____

Mailing Address:

Telephone Number (Daytime): _____

Email address: _____

ITEMS WHICH MUST ACCOMPANY APPLICATION

- A. Owner's Signature or Affidavit** – If the owner and applicant are not the same, the owner must sign the application or complete attached affidavit.
- B. Site Plan** – Applicant shall provide **one (1) full size copy** and **one (1) 11X17** size of a preliminary site plan, dimensioned and to scale. Such plan must be prepared by a registered surveyor, architect, or engineer and must include the following information:
1. A scaled and dimensioned description of the property
 2. Scaled building locations (Including accessory buildings)
 3. Parking areas, access points, and required buffer areas
- C. Warranty Deed** – A copy of the recorded warranty deed to the property must accompany each application.
- D. Proof of Taxes Paid** – Proof that all ad valorem taxes due on the property have been paid must accompany each application.
- E. Certificate Concerning Campaign Contributions** – Certificate concerning campaign contributions (Attachment must accompany each application).
- F. Fees** – See attached fee schedule. Checks should be made payable to "Douglas County Board of Commissioners". **Fees are non-refundable.**
- G.** Any other information required by the Planning & Zoning Department or any other County departments which is deemed necessary or desirable in processing the application which is related to the present or proposed use of the property.

I have read and understand the attached application and zoning procedures. I also hereby authorize the Planning staff to inspect the premises which are the subject of this appeal application.

Signature of Applicant

Date

Printed Name of Applicant

Date

FOR OFFICE USE ONLY

Date Received: _____

Hearing Date: _____

Receipt Number: _____

Received By: _____

AFFIDAVIT

Authorization by Property Owner

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

I authorize the persons named below to act as applicant in the pursuit of the obtaining the Appeal of Administrative Decision for this property.

Name of Applicant: _____

Address:

Telephone Number: _____

Owner (Printed Name)

Signature of Owner

Date

Personally Appeared Before Me:

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

Notary Public

Date

CERTIFICATE CONCERNING CAMPAIGN CONTRIBUTIONS

Has the applicant (individual, corporation, partnership, firm, enterprise, franchise, association or trust) made, within two years immediately preceding the filing of this application for a **Special Use Permit**, campaign contributions aggregating \$250.00 or more or made gifts having in aggregate a value of \$250.00 or more to a member of the Board of Commissioners or Planning Commission who will consider the application?

YES _____

NO _____

If so, the applicant and the attorney representing the applicant must file a disclosure report with the Board of Commissioners of Douglas County, within ten (10) days after this application is first filed.

Please supply the following information, which will be considered as the required disclosure:

1. **Member:** The name of the member(s) of the Board of Commissioners or Planning Commission to whom the campaign contribution or gift was made.
2. **Contribution:** The dollar amount of each campaign contribution made by the applicant to the member of the Board of Commissioners or Planning commission during the two years immediately preceding the filing of this application, and the date of each such contribution.
3. **Gift:** An enumeration and description of each gift having a value of \$250.00 or more made by the applicant to a member of the Board of Commissioners or Planning Commission during the two years immediately preceding the filing of this application.

Member	Contribution	Date	Gift
	\$		
	\$		
	\$		
	\$		
	\$		

We certify that the foregoing information is true and correct, this _____ day of _____

20____.

Applicant

Applicant's Attorney (if any)

Appeal of an Administrative Decision: Initiation of Appeal

An administrative appeal shall be taken within 30 days of the action or interpretation appealed from, by filing the appeal in writing with the Development Services Director. The Development Services Director shall transmit a notice of said appeal to the Planning and Zoning Board specifying the grounds thereof or to the Board of Commissioners as appropriate.

The holder of or applicant for a development permit or a building permit may appeal any action taken by an administrative official, including the following:

- a. The suspension, revocation, modification, or approval with conditions of a development permit by the Development Services Director upon finding the holder is not in compliance with the approved erosion and sedimentation control plan or other approved plans.
- b. The determination that the holder is in violation of development permit or other building permit conditions.
- c. The determination that the holder is in violation of any other provision of this Development Code or any provisions of a condition of approval within any zoning action ordinance as approved by the County Commissioners.