



Conditional Zoning Amendment Application

Page 1 of 1

Updated **MAY 2024**

NOTICE TO APPLICANTS

Type or print and attach additional sheets if necessary to fully answer any of the following sections. Please submit check in the amount of \$150.00 payable to The City of Pooler.

OFFICE USE ONLY

Date: _____ File: _____

Date & Action Taken: _____

Applicant Information

Owner/Authorized Agent Name _____ Email _____

Address _____ Phone _____

Date of Previous Application Made for an Amendment Affecting Same Premises _____ Date & Action Taken _____

Deed restrictions: Yes No

Action Requested

Present Wording of Conditions Placed on Premises _____

Proposed Changes _____

Reasons and Certifications

Affidavit

Owner/Authorized Agent _____ Zoning Administrator _____



Property Owner Authorization

Page 1 of 1

Updated **SEPT 2023**

Authorization

Completion of this form is required for all Rezoning, Conditional Use, Variance, Site Plan, and Subdivision applications.

Rezoning Conditional Use Variance Site Plan Subdivision

I authorize the person named below to act as Applicant in the pursuit of rezoning, variance or conditional use of property or a site plan submittal.

Applicant/Agent Name

Email

Phone

Applicant/Agent Address

I swear that I am the owner of the property which is the subject matter of the attached application, as shown in the records of Chatham County, Georgia, and that the information contained in this authorization is true and correct to the best of my knowledge and belief.

Property Address

Owner Name

Owner Signature

Date

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal