



Clayton County Planning & Zoning Department of Community Development

121 South McDonough Street
Jonesboro, GA 30236
Office: 770.477.3569 Fax: 770.473.5481
Web site: www.co.clayton.ga.us

ADMINISTRATIVE APPEAL APPLICATION

FOR STAFF USE ONLY Project#: _____ Filing Fee: \$ _____ Received By: _____	DATE/TIME STAMP
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This application is required for administration appeal submittals. Incomplete applications will not be accepted.

INSTRUCTIONS: In addition to a **letter** describing the reasons for the appeal noting the specific codes considered, applicants must complete and submit this application within **thirty (30) calendar days** of the decision under appeal.

Meeting date and time: The Clayton County Board of Appeals (BOA) meets on the second (2nd) Thursday of every month at 7:00 p.m. (pre-meeting at 6:30 p.m. for staff review) at the Clayton County Administrative Building located at 112 Smith Street, Jonesboro, Georgia.

PETITIONER AND PROPERTY OWNER INFORMATION

1. Petitioner Name:	
Address:	
Phone#:	Email Address:

2. Property Owner Name:	
Address:	
Phone#:	Email Address:

PROPERTY INFORMATION

3. Legal Description:		
4. Current Zoning:		Current Use:
5. Land Lot(s):	District:	Section:
Location of Property:		Tax Parcel#:

INFORMATION REGARDING ADMINISTRATIVE DECISION

6. If appeal concerns zoning district boundary dispute, location and districts involved:

6a. Describe petitioner's boundary location criteria:

6b. Describe petitioner's boundary determination:

7. Ordinance interpretation (include section number)

8. Describe petitioner's interpretation and rationale:

9. Administrative decision/measurement/order in dispute:

10. Attach copies of any written decision(s) which is/are the subject of the appeal. List these items:

11. Attach copies of all materials submitted to the County upon which the decision being appealed was based, and list these items here:

I hereby certify that the information I have provided in this application is true and accurate.

Signed

Date

AUTHORIZATION BY PROPERTY OWNER

I, _____ (Property Owner), SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT _____ (Property Address), PARCEL ID _____ AS SHOWN IN THE TAX MAPS AND/OR DEED RECORDS OF CLAYTON COUNTY, GEORGIA. I HEREBY AUTHORIZE THE PERSON(S) OR ENTITY(IES) NAMED BELOW TO ACT AS THE APPLICANT OR AGENT IN PURSUIT OF THE ADMINISTRATIVE APPEAL REQUESTED ON THIS PROPERTY.

Applicant Information:

Last Name:		First Name:	
Address:			
City:		State:	Zip Code:
Telephone Number: AREA CODE () NUMBER () - ()			

Notary Seal:

Print Name of Property Owner

Signature of Property Owner

Personally appeared before me this ____ day of _____, 20____.

Notary Signature

Date

Disclosure of Campaign Contributions
Clayton County

Pursuant to OCGA, Section 36-67A-3(a), the following disclosure is mandatory when an applicant or any representative has made campaign contributions aggregating \$250.00 or more to a local government within two (2) years immediately preceding the filing of this application.

It shall be the duty of the applicant and the attorney representing the applicant to file a disclosure with the governing authority of the respective local government. The following questions **must** be answered:

Have you, the applicant, made \$250.00 or more in campaign contributions to a local government official within two years immediately preceding the filing of this application? Yes No

If the answer is yes, you must file a disclosure report with the governing authority of Clayton County showing:

1. The name and official position of the local governing authority in Clayton County to whom the campaign contribution was made.

_____ Name and official position of the applicant/representative (Please Print)

2. The dollar amount and description of each campaign contribution made during the two years immediately preceding the filing of this application and the date of each such contribution was made.

	\$	
Description of Campaign Contribution (Please Print)		Dollar Amount

This disclosure must be filed within 10 days after the application is first filed and must be submitted to the Board of Commissioners of Clayton County at 112 Smith Street, Jonesboro, Georgia 30236.

Signature (choose one) Applicant Owner

Date

Notary Signature

Date and Seal

SPECIAL POWER OF ATTORNEY AFFIDAVIT

STATE OF GEORGIA
COUNTY OF CLAYTON

This ____ day of _____, 20____, I, the owner of

_____ make, constitute, and appoint _____
Property Address and/or Tax Map ID Name of Attorney or Representative

my true and lawful attorney-in-fact, and in my name, place, and stead giving unto said _____

full power and authority to do and perform all acts and make all representation necessary, without any limitation

whatsoever, to make application for said _____.
Type of Application

The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full force and effect on

_____, 20____, and shall remain in full force and effect thereafter until actual

notice, by certified mail, return receipt requested, is received by the Clayton County Department of Community

Development stating that the terms of this power have been revoked or modified.

Owner Signature

STATE OF GEORGIA:
COUNTY OF CLAYTON:

Subscribed and sworn to before me this ____ day of _____, 20 ____ in my county
and state aforesaid, by the aforementioned Principal.

NOTARY PUBLIC

My Commission Expires: _____