I. APPLICANT CERTIFICATION (ZONING CONDITION AMEN	DMENT): PLEASE READ AND INITIAL THE FOLLOWING	7 STATEMENTS.
1) I hereby request this application relative to the	ne property shown on the attached plats and site	plan be placed on the Board
of Commissioners agenda for a public hearing.		
2)		
2) I understand that my request will be rejected i	f all the necessary information and/or requirement	is are not presented.
3) Lunderstand that I have an obligation to pre	sent all necessary information required by the U	nified Development Code to
enable the Board of Commissioners to make an inform		
	· · · · · · · · · · · · · · · · · · ·	ivice of Flaming Stan of an
attorney if I am not familiar with the zoning and land use	requirements.	
4) Lunderstand that my request will be acted up	on at the Board of Commissioners public hearing	and that I am required to be
present or to be represented by the authorized represer	•	•
all facts and answer questions. I understand that failure		
request. I further understand that it is my responsib		
·	only to be aware of relevant public hearing da	tes and times regardless of
notification from Forsyth County.		
5) The Unified Davelenment Code (UDC) of Fore	yth County requires the landowner, applicant, or	authorized representative to
· · · · · · · · · · · · · · · · · · ·	, , ,	•
place the yellow public hearing sign(s) on the subject p	• •	
the public hearing. In order to insure that the corr	•	
Development Department will prepare the sign(s) and		
property within the specified time frame. It is the application of the specified time frame.		• •
decision is rendered by the Board of Commissioners. T	_	_
and be updated regarding any changes in the date of th		
said sign(s) against a verifiable property landmark shall		
the affidavit shall result in the postponement of the pub		
signs within three (3) days of the final motion or date of	withdrawal. Failure to do so will result in a fine o	of one hundred dollars (\$100)
per day until the sign(s) are removed.		
	Replacement Ordinance requires that all zoning	
Department of Planning and Community Developmen		
property shown on attached plats and site plan has not to		
property will not be clear cut prior to a decision by the Boo		
been clear cut within three years prior to the date of this		
date said property was clear cut. Clear cut is defined a		ration with any remaining tree
having no merchantable value or forestry management pur	pose.	
7) Please list the name(s) and dollar amount of	any campaign contribution or gift (for gifts grea	ater than \$100) made to any
Forsyth County elected official during the two years imm		iter than \$100) made to any
	calactery processing the immig of this approaches.	
Please indicate the		
name of the elected		
official, date of gift, and		
dollar amount of any		
gift or contribution:		
girt of contribution.	_	
The undersigned has personally appeared before me, a		
initialling, that he/she has read, understands, and agre	es to comply with each of the above seven (7)	
applicant certifications.		
Printed Name of Applicant:	Date:	
· · ——————————————————————————————————		Notary Stamp
Signature of Applicant:	Date:	
2		
Signature of Notary:	Date	
Signature of Notary.	Date	
J. APPLICANT WITHDRAWAL (ONLY SIGN IF OFFICIALLY V	VITHDRAWING APPLICATION REQUEST):	
Signature of Applicant:	Date:	-



Forsyth County Department of Planning & Community Development 110 E. Main Street, Suite 100 | Cumming, Georgia 30040 | (770) 781-2115 | forsythco.com

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FOI	R STAFF USE ONLY			
DA	TE & TIME STAN	IP .		

Contact Information

A. APPLICANT CONTACT INFORMATION	
Name:	
Mailing Address:	
Phone#:	E-mail Address:
B. REPRESENTATION INFORMATION	
B. REPRESENTATION INFORMATION Name:	