

**APPLICATION FOR CONDITIONAL USE,
REZONING, OR VARIANCE**
CITY OF LUTHERSVILLE
PO BOX 10, LUTHERSVILLE, GA 30251
PHONE: 770-927-6885

Conditional Use _____ Rezoning _____ Variance _____

I hereby request that the property described in this application be Rezoned from _____ district to _____ district; or is a Conditional Use under _____ district; or is a Variance under _____ district.

Address of Property _____

Area _____ Acres, Land Lot _____ district

Owner of Property _____

Owner's Address _____

Applicant _____

Address _____

Phone(s) # Work _____ Cell _____

Email Address _____

Give a summary of proposed Conditional Use, Rezoning, or Variance – give a summary description of your proposed project in the space provided below. This summary should include the number, height, square footage, and proposed use of each building.

(If additional space is needed, please attach to this page)

Attachments Required

- (1) Plat of property or copy of County Assessors Tax Map containing legal description of property.
- (2) Plans or drawings necessary to illustrate the requested conditional use, rezoning, or variance.
- (3) Check payable to the City of Luthersville for \$150.00 for publication purposes.
- (4) Administrative Fee \$25.00