

Committee Members

Sara Kantala (Chairperson)
Mack Geter
Barbara Kay
Walton Howell
Jim Stovall

Contact Information:

Zoning Compliance
Niles T. Poole
706-213-3100
npool@cityofelberton.net

Clerical Support
Cindy Churney
706-213-3100
cchurney@cityofelberton.net

Meeting Schedule:

3rd Monday of each month at 1:00
p.m. in the Municipal Building.

Zoning Ordinance is located at
www.cityofelberton.net (Code of
Ordinances, Chapter 22)

ELBERTON PLANNING COMMISSION

*Planning the physical growth
and development of the city*



CITY OF ELBERTON
PO BOX 70
203 ELBERT STREET
ELBERTON, GA 30635

Phone: 706-213-3100
Fax: 706-213-3125
www.cityofelberton.net

APPLICATION FOR CONSIDERATION

Section 1. General Information:

Name of Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Contact Number(s): _____

Location of Property: _____
(include street address, if available)

Relationship of applicant to property (lessee, owner, purchaser): _____

The commission is being asked to consider (detailed description of plan/project/request):

Is there an application relevant to this property pending before the Elberton City Council, Zoning Board of Adjustments, Historic Preservation and/or any other regulatory or administrative authority, which may have a bearing on the subject of this application? No Yes (explain) _____

Who will represent the applicant at the meeting (include name and relationship to applicant)?

Section 2. Required Information: (failure to submit required attachments will prevent application from being considered by the commission).

Legal Description of Property: Attached

Copy of Plat (showing dimensions, acreage, landscape architect or land surveyor whose state registration is current and valid and whose seal shall be affixed to the plat): Attached

Copy of the deed that reflects the current owner(s) of the property: Attached

Application Fee: \$75 Conditional Uses \$35 Modular Home \$200 Zone Change

Section 3. Applicant/Owner Certification:

The applicant certifies that all information contained in this application, and all information furnished in support of this application, is true and complete to the best of my knowledge. Should any portion not be true, then the application may be rejected. The owner/applicant hereby gives permission to enter on the property for inspection during the time the application is pending.

Signature of applicant/agent Date

Signature of property owner (if applicable) Date

Note to Applicant: Commission meets 3rd Monday at 1:00 p.m. each month provided an application has been submitted by the deadline (no more than 45 days and at least 15 days prior to hearing/meeting). Submit information to Zoning Administrator at address above either by fax, mail or hand delivery.

TO BE COMPLETED BY STAFF ONLY:

Date application received: Received by:

Attachments included: Yes No (explanation)

Application fee included: Yes No (explanation)

Date of EPC Meeting: Date of Council Meeting:

The City of Elberton reserves the right to obtain additional information that reasonably may be required in order that an informed decision may be made.