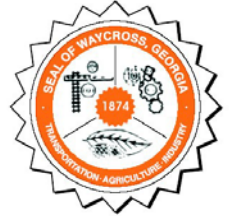


APPLICATION TO AMEND THE ZONING TEXT

CITY OF WAYCROSS, GEORGIA
Department of Community Improvement
P.O. Drawer 99 * Waycross, Georgia 31502
(912) 287-2944, Office / (912) 287-2948, Facsimile
www.waycrossga.com



INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA

(Note: An incomplete application may delay the approval process.)

APPLICANT: _____

APPLICANT'S ADDRESS: _____ PHONE: _____

ZONING ORDINANCE SECTION: _____

NATURE OF REQUEST: _____

THE APPLICANT MUST SUBMIT THE APPLICATION FEE (\$200.00 PER REQUEST) ALONG WITH THIS REQUEST.

THE PLANNING & ZONING ADMINISTRATOR WILL SEND YOU A NOTIFICATION OF THE DATE, TIME AND LOCATION OF THE WAYCROSS-WARE COUNTY PLANNING COMMISSION MEETING. FOR MORE INFORMATION, YOU MAY CONTACT THE DEPARTMENT OF COMMUNITY IMPROVEMENT AT (912) 287-2944.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

Accepted By: _____ Date: _____

Fee: _____ Check #: _____ Cash Receipt: _____

JANUARY 2008

AFTER COMPLETION, MAKE ONE COPY FOR THE APPLICANT AND ONE COPY FOR THE PLANNING COMMISSION. ORIGINAL STAYS IN FILE.