THANK YOU FOR YOUR INTEREST IN HENRY COUNTY, GEORGIA. THIS PACKET INCLUDES THE NECESSARY DOCUMENTS NEEDED TO APPEAL A DECISION OF THE ZONING ADVISORY BOARD OR AN ADMINISTRATIVE ACTION BY THE PLANNING AND ZONING, ENVIRONMENTAL COMPLIANCE/PLAN REVIEW OR BUILDING DEPARTMENT. APPEALS ARE HEARD BY THE HENRY COUNTY BOARD OF COMMISSIONERS AT A REGULARLY SCHEDULED MEETING.

ALL APPEALS SHALL BE FILED WITHIN THIRTY (30) DAYS FOLLOWING THE WRITTEN DECISION OF THE ZONING ADVISORY BOARD OR THE ADMINISTRATOR.

THE APPEAL SHOULD BE FILED WITH THE PLANNING AND ZONING SERVICES DIVISION SECRETARY.

PLEASE NOTE: THE FEE FOR APPEALS IS $300.

SHOULD YOU NEED FURTHER ASSISTANCE, PLEASE FEEL FREE TO CONTACT OUR OFFICE BETWEEN 8:00 AM AND 5:00 PM, MONDAY THROUGH FRIDAY:

PLANNING & ZONING AT (770) 288-7526
BUILDING DEPARTMENT AT (770) 288-6051
ENVIRONMENTAL COMPLIANCE/PLAN REVIEW AT (770) 288-6312

THE LOCATION OF ALL COUNTY RELATED BOARD MEETINGS IS:
140 HENRY PARKWAY
MC DONOUGH, GEORGIA 30253
**Henry County**  
**Appeal to the Board of Commissioners**

**PLEASE COMPLETE THIS FORM WHEN ACCEPTING APPEAL APPLICATIONS FOR BOC CONSIDERATION. ATTACH THE CHECKLIST TO THE APPLICATION AND SIGN.**

**ALL DOCUMENTS ARE REQUIRED IN ORDER TO ACCEPT APPLICATION.**

<table>
<thead>
<tr>
<th>REQUIRED ITEMS</th>
<th>COPIES</th>
<th>PROCEDURE</th>
<th>CHECK/INITIAL</th>
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</table>
| Application Form        | 1      | 1. Signed and **notarized** by owner. Original signature  
2. In lieu of owner’s signature, applicant has signed and **notarized** a copy of a “Contract”, “Power of Attorney” or “Lease” |               |
| Applicant Disclosure    | 1      | Required for all property owners, applicants, and agents filed with an application and must be **notarized** |               |
| Form                    |        |                                                                                               |               |
| Letter of Intent        | 1      | Must clearly state the following:  
1. Which County body (administrator, Zoning Advisory Board, etc.) is the appeal being filed against.  
2. Specification of the alleged error.  
3. Citation of the Section(s) of the ULDC pertaining to the action(s) taken by the ZAB or Administrator.  
4. A statement of the specific relief requested by the party appealing. |               |
| Appeal Request Fee      | $300.00 (cash or check)  
[Payable to the Board of Commissioners -at the time application is submitted] |               |
Henry County Appeal Application

Name of Applicant _________________________________________ Phone: ______________________ Date: _______________

Address Applicant: ________________________________________ Fax: ____________________ Pager/Cell # ______________

City: ___________________________ State: _________ Zip: ___________ E-mail: _____________________________________

Name of Agent____________________________________________ Phone: ______________________ Date: ________________

Address Agent: ___________________________________________ Fax: ____________________ Pager/Cell # ______________

City: ___________________________ State: _________ Zip: ___________ E-mail: _____________________________________

THE APPLICANT NAMED ABOVE AFFIRMS THAT THEY ARE THE OWNER OR AGENT OF THE OWNER OF THE PROPERTY DESCRIBED BELOW AND REQUESTS:

Appeal being requested: __________________________________________________________________________________

Department/Board In Which the Administrative or Board Denial Originated:

☐ Zoning Advisory Board  ☐ Planning & Zoning  ☐ Building Department  ☐ Environmental Compliance/Plan Review

☐ Stormwater Department

Witness’ Signature  Signature of Applicant/s

Printed Name of Witness  Printed Name of Applicant/s

Notary  Signature of Agent

NOTARY STAMP:

(For Office Use Only)

Total Amount Paid $_________ Cash_____ Check #_________ Received by: ____________ (FEES ARE NON-REFUNDABLE)

Application checked by: ____________________ Date: ____________ Map Number(s): __________________

Date Responsible Department Notified: ______________________________ Date of BOC Hearing: ______________________

BOC Decision: __________________________________________________________________________________________

Department Head/ Designee’s Signature: ______________________________ Date: __________________________

County Clerk’s Signature: __________________________________________ Date: __________________________

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Applicant Campaign Disclosure Form

(Must be completed by the applicant, the property owner, and the agent. Use as many forms as needed.)

Has the applicant* made, within two (2) years immediately preceding the filing of this application for rezoning, campaign contributions aggregating $250 or more or made gifts having in the aggregate a value of $250 or more to a member of the Henry County Board of Commissioners or Zoning Advisory Board who will consider the application?

Yes _____ No _____

If Yes, the applicant and the attorney representing the applicant must file the following information with the Henry County Board of Commissioners within ten (10) days after this application is first filed:

<table>
<thead>
<tr>
<th>Commissioner/Zoning Advisory Board Member Name</th>
<th>Dollar amount of Campaign Contribution</th>
<th>Description of Gift $250 or greater given to Board Member</th>
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We certify that the foregoing information is true and correct, this ______ day of ____________________, ______

Applicant’s Name - Printed ___________________________ Signature of Applicant/Property Owner/Agent

Applicant’s Attorney, if applicable - Printed ___________________________ Signature of Applicant’s Attorney, if applicable

Sworn to and subscribed before me this __________ day of ________________, ________.

__________________________________________
Notary Public

*Applicant means any individual or business entity (corporation, partnership, limited partnership, firm enterprise, franchise, association, or trust) applying for an Appeal.