

# Appeal Application



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

MCDONOUGH, 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.**

<b>REQUIRED ITEMS</b>	<b>COPIES</b>	<b>PROCEDURE</b>	<b>CHECK/INITIAL</b>
Application Form	1	<ol style="list-style-type: none"><li>1. Signed and <b>notarized</b> by owner. Original signature</li><li>2. In lieu of owner's signature, applicant has signed and <b>notarized</b> a copy of a "Contract", "Power of Attorney" or "Lease"</li></ol>	
Applicant Disclosure Form	1	Required for all property owners, applicants, and agents filed with an application and must be <b>notarized</b>	
Letter of Intent	1	Must clearly state the following: <ol style="list-style-type: none"><li>1. Which County body (administrator, Zoning Advisory Board, etc.) is the appeal being filed against.</li><li>2. Specification of the alleged error.</li><li>3. Citation of the Section(s) of the ULDC pertaining to the action(s) taken by the ZAB or Administrator.</li><li>4. A statement of the specific relief requested by the party appealing.</li></ol>	
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: \_\_\_\_\_

## 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:

Commissioner/Zoning Advisory Board Member Name	Dollar amount of Campaign Contribution	Description of Gift \$250 or greater given to Board Member

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.

