

LIFT/AMEND CONDITIONS APPLICATION FORM

CASE NUMBER:		Date Submitted:	
(Sections 1-6 below to be filled out by Applicant- RPA staff will assist, if needed)			
1 Applicant Request			
Conditions	Description:		
	Resolution/Ordinance Number:		
	Previous Case Number:		
2 Property Information			
Property Address:			
Property Tax Map Number(s):			
3 Proposed Development			
Reason for Request and/or Proposed Use:			
4 Site Characteristics			
Current Zoning:			
Current Use:			
Adjacent Uses:			
5 Applicant Information			
All communication will be with the Applicant. If the applicant is not the property owner, the RPA requires a letter from the property owner(s) confirming that the applicant has permission to file this application on his/her behalf.			
Name:			Address:
Check one:	<input type="checkbox"/>	I am the property owner	<input type="checkbox"/>
			I am not the property owner
City:	State:	Zip Code:	Email:
Phone 1:	Phone 2:	Phone 3:	Fax:
6 Property Owner Information (if not applicant)			
Name:			Phone:
Address:			
Office Use Only:			
Planning District:			Neighborhood:
Hamilton Co. Comm. District:	Chatt. Council District:	Other Municipality:	
Staff Rec:	PC Action/Date:	Legislative Action/Date/Ordinance:	
Checklist			
<input type="checkbox"/>	Application Complete	<input type="checkbox"/>	Ownership Verification
<input type="checkbox"/>	Map of Proposed Zoning Area with dimensions	<input type="checkbox"/>	Site Plan, if required
<input type="checkbox"/>	Total Acres to be considered:	<input type="checkbox"/>	Deeds
<input type="checkbox"/>	Plats, if applicable	<input type="checkbox"/>	Deed Book(s):
<input type="checkbox"/>	Plat Book/Page:	<input type="checkbox"/>	Notice Signs
<input type="checkbox"/>	Number of Notice Signs:	<input type="checkbox"/>	Filing Fee:
<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check
<input type="checkbox"/>	Check Number:	<input type="checkbox"/>	Planning Commission meeting date:
<input type="checkbox"/>	Application processed by:	<input type="checkbox"/>	