



City of Fort Valley Planning and Zoning Department

Roscoe Miller
204 West Church Street
Fort Valley, GA 31030

Telephone (478)825-8261

APPLICATION FOR REZONING

Petitioner: _____ Date: _____

Owner(s) of Record: _____

Address: _____

Subdivision Name: _____ Lot & Block Number: _____

Existing Zoning Classification: _____

Proposed Zoning Classification: _____

Existing use(s): _____

Proposed use(s): _____

Attach a site plan including building sited, parking area, egress and ingress into the proposed area, and existing land use on adjacent and surrounding properties; also, proof of ownership, and a letter of intent stating your reason(s) for wanting this change and how it will affect the surrounding area.

APPLICATION FEE: \$200.00

Signature: _____ Date: _____

Notary: _____ Date: _____