



# Bulloch County Zoning Application

P.O. Box 347, Statesboro, GA 30459  
Phone: (912) 489-1356 Fax: (912) 764-2515  
Email: [zoning@bullochcounty.net](mailto:zoning@bullochcounty.net)

For Office Use Only	
Fee Paid \$	_____
Date	_____
Time	_____
App. #	_____

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address of Applicant: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address of Agent: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

THE APPLICANT NAMED ABOVE AFFIRMS THAT THEY ARE THE OWNER OR AGENT OF THE OWNER OF THE PROPERTY DESCRIBED BELOW AND REQUESTS: (please check the type of request and fill all applicable information legibly and completely).

Map and Parcel #: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_

### REQUEST

Conditional Use     
  Variance     
  Appeal     
  Rezoning     
 \_\_\_\_\_  
(Requested Zoning)

Purpose of Request: \_\_\_\_\_  
\_\_\_\_\_

Property Address or Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Structures Currently on Property: \_\_\_\_\_

Total Size of Tract: \_\_\_\_\_ acre(s)      Size of Tract in Request: \_\_\_\_\_ acre(s)

Signature of Owner(s) \_\_\_\_\_ Signature and Seal (Notary Public) \_\_\_\_\_

Printed Name of Owner(s) \_\_\_\_\_ Date Sworn and Subscribed (Notary Public) \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date My Commission Expires (Notary Public) \_\_\_\_\_

### Campaign Contribution and Conflict of Interest Disclosure

Has the applicant, property owner, or the applicant's agent, within the past two years, made campaign contributions or given gifts having an aggregate value of \$250 or more to a member of the Bulloch County: Board of Commissioners, Planning and Zoning Commission, or other official who will be considering the zoning-related request?    **YES**     **NO**

If yes, please complete the following section: (additional sheets if necessary)

Government Official	Contribution Amount	Gift Type	Contribution Date	Given By

To the best of my knowledge, I, the undersigned, having made application for a zoning action, do hereby declare that I have reviewed and complied with the State law titled "Conflict of Interest in Zoning Actions."

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_