



# Medical Hardship Application

**Bulloch County – Zoning Department**  
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:** \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Physician's name on letter supplied from: \_\_\_\_\_

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