

**June 2008
APPLICATION FOR ANNEXATION
WITH REZONING**



APPLICATION DATE: _____

ORDINANCE #: _____

EXPIRATION DATE _____

**Planning and Zoning Department
2116 Stallings Street, NW
Covington, Georgia 30014
Phone: (770) 385-2020 Fax: (770) 385-2170
<http://www.cityofcovington.org>**

This Annexation Application is made pursuant to the provisions of the Official Code of Georgia Annotated 36-36, Article 2, "Annexation Pursuant to Application by one hundred percent (100%) of Landowners".

Application is hereby made to the City of Covington, Georgia by the undersigned property owners to have the following described lands annexed into the corporate limits of the City.

All that tract or parcel of land lying and being in Land Lot(s) _____ of the _____ District(s), Parcel Number(s) _____ Newton County, Georgia, and being more particularly described in the attached legal description.

It is requested that a zoning classification of _____ (_____) be assigned to the property upon annexation. (Note: Different classifications can be requested for various portions of the property).

The property owner(s) intend to develop and/or use the property as follows:

(Include a timetable for development if available.)

LANDLORD: *Please add additional signature blocks as necessary.*

Name (Printed or Typed):
Signature:
Address:
Phone Number:
Date:

ANNEXATION APPLICATION REQUIRED ITEMS: *The following items must be submitted as concurrent attachments to the application.*

- One (1) original signed application and twelve copies
- One (1) copy of a legal description of the property
- Application Fee \$100.00 (non refundable). There may be legal fees associated with the project and the City will invoice you accordingly.
- One (1) survey plat, showing the following:
The land area to be annexed and its relationship to the existing City Limits, lot number, block and/or parcel number, map book reference, and the existing zoning classifications of adjacent properties within the City.

