



Planning & Economic Development Department
 1500 Morrow Rd. Morrow, GA 30260 678.902.0870 (T) 770.960.3002 (F)

Zoning Amendment APPLICATION

APPLICATIONS TO BE HEARD BY THE MORROW:
 PLANNING & ZONING BOARD AND/OR
 MAYOR AND CITY COUNCIL

ALL APPLICATIONS MUST BE SUBMITTED NO LESS THAN 20 DAYS PRIOR TO THE ZONING BOARD/CITY COUNCIL MEETING.

Zoning Amendment Application Checklist

ALL DOCUMENTS ARE REQUIRED IN ORDER TO ACCEPT APPLICATION.

PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE. THERE ARE NO EXCEPTIONS.

REQUIRED ITEMS	COPIES	PROCEDURE	STAFF INITIAL
Application Form	1	1. Signed and notarized by owner. Original signature required. 2. In lieu of owner's signature, applicant has signed and notarized a copy of a "Contract", "Power of Attorney" or "Lease"	
Letter of Ownership	1	Letter stating that the owner is aware of the amendment request and owns the property in question	
Letter of Intent	1	Must clearly state the proposed use and development intent	
Survey Plat/Site Plan (11 x 17)	12	Must show minimum details: Buildings, setbacks, buffers, road frontage, correct scale, north arrow, present zoning classification, topographic information to show elevation and drainage, location and extent of required buffers, proposed lot layout	
Floor Plan		Floor plan of the space layout	
Fees		A non-refundable fee of \$650.00 is required at the time of submittal in the form of a check or money order.	



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Applicant/Business Owner Information:

NAME:	ADDRESS OF BUSINESS:
PHONE #:	EMAIL:

NAME:	ADDRESS:
CONTACT PERSON:	EMAIL:
PHONE #:	ALTERNATE #:

I, _____ OF _____, AM REQUESTING THIS Zoning Amendment ON BEHALF OF _____ (Business Owner Name).

Property Owner/Landlord Information: *[If located within a tenant space, landlord information is required here.]*

The applicant named above affirms that they are the owner or agent of the owner for the property described below and requests the following:

Zoning Amendment being requested: _____

Section of the City of Morrow Ordinance that your request relief from due to hardship: _____

BY SIGNING BELOW, I CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ZONING AMENDMENT REQUESTS SHALL BE EVALUATED ACCORDING TO ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING CONDITIONAL USES. ALL OTHER APPLICABLE MORROW CITY CODES SHALL BE COMPLIED WITH.

Signature of Applicant/Business Owner

Signature of Individual Representing Business Owner

Notary Signature

Notary Stamp:

(For Office Use Only)

Total Amount Paid \$ 650.00 Check # _____ Received by: _____ (FEES ARE NON-REFUNDABLE)

City of Morrow



Zoning Verified: _____ Application checked by: _____ Date: _____

Date of P+Z Board/City Council: _____ P+Z Board/City Council Decision: _____



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- **The Planning + Zoning Board meets the 3rd Tuesday of every month at 6:30 p.m.**
- **The Morrow City Council meets the 2nd and 4th Tuesday at 7:30 p.m.**

For questions regarding the Zoning Amendment process, please contact:

**Martha “Marti” Tracy
Zoning Administrator
678.902.0870 (direct line)
mtracy@cityofmorrow.com**