

## **CHANGE OF ZONING CLASSIFICATION OR USE**

Applicant Name: Lawrence Miller	Applicant Email: larry.miller@athensplumbing.com
Applicant Address: 1949 East Bay Street	<b>Applicant</b> Phone No: 706.255.4695
Has the applicant made any contributions over \$250 to any local government	ment official of Oglethorpe County? Yes  No
If Applicant & Owner are the same, check here  Note: If applicant is owner(s) authorizing the applicant to act on their behalf must be included.	d.
Owner Name: L	Owner Email:
Owner Address:	
HONEL MAN (1)	Classification or Use
	l Use □ Variance □
Address(es) of Subject Property: 45 Welcome Ave	
Tax Parcel ID Number(s): 050 145E	Commissioner District: 1
Current Zoning: A2 Proposed Zoning: Current Zoning: 42 Proposed Zoning: 42 Current Zoning: 42 Proposed Zon	ent Use: Proposed Use: 1.5
Water Supply: Well ■ Public Water □ Set	wage Disposal: Septic  Public Sewer
	pproval from Oglethorpe County Health Department)
	A
Publ The applicant is responsible for posting a sign in a conspicuous right-of-way no less than 15 days prior to the public hearing. Sposted until after the BOC takes action and return	ic Notice location on the subject property where it is visible from the public signs are provided by Planning Department. The sign must remain need promptly to the Planning Department thereafter.
Planning Staff will notify adjacent property owners via po	st and provide notice of the request to the Oglethorpe Echo .
Initia	I Review
	s in advance of the next scheduled Board of Commissioner's meeting room, 105 Union Point Street, Lexington Georgia 30648.
Publi	c Hearing
Commissioners' meeting room, 105 Union Point Street, Lexingto	earing on the first Monday of each month at 6:00 pm at the Board of n Georgia 30648. The Oglethorpe BOC may make a final decision at or may defer a decision.
By signing, I hereby certify that I have read and examined this a	pplication and know the same to be true and correct.  Date 10-17-2029
For Stat	f Use Only
Application received on $10 / 17 / 24$ by (staff initials) $\frac{4}{10}$	Comprehensive Site Development Plan required? Yes \( \subseteq \) No \( \subseteq \)
ate of BOC Meeting 12 / 2 / 2 4 Approved   De	nied Date Paid: 10-17-24
Mailing Address: P.O. Box 2	261, Lexington Georgia 30678