

OM



CHANGE OF ZONING CLASSIFICATION OR USE

Applicant Name: SEF1	= CRUMP	Applicant Emai	il: <u>Jeffcrunp 21e yahoo.</u> nt Phone No: <u>706</u> 713 1452
Applicant Address: 210	ale Drive w	ENTESVILLE GA. Applica	nt Phone No: 706 713 1452
Has the applicant made any contri	butions over \$250 to any k	ocal government official of Ogletho	rpe County? Yes \(\square\) No \(\square\)
	e, check here 🗹 Note: If a	applicant is not the owner, as listed	on the property deed, a notarized letter from the
Owner Name:		Owner Email:	
Owner Address:		THE RESIDENCE OF THE PARTY OF T	Phone No:
	Change of	Zoning Classification or	10 mm 1 元 1 mm 2 pm
Applicant is requesting a:		onditional Use Varian	
Address(es) of Subject Prope			
Tax Parcel ID Number(s):	032057	In a state of the	Commissioner District:
Current Zoning: A) P	roposed Zoning:	Current Use:	Proposed Use:
Total Acreage of Project:	5 acres	ber, and signature of owner(s)	Name address telephone min
Water Supply: Well 🗹 P	ublic Water 🗆	Sewage Disposal: Sep	tic 🗆 Public Sewer 🗆
(Please note	that septic systems require	e separate approval from Oglethorp	e County Health Department)
Briefly describe the request	Building a	STACK house of	VAITO a STrip of
Land Zoned	M7 Adjoin	ing an Az pro	y Al To a strip of
right-of-way no less than 15	days prior to the public		ct property where it is visible from the public Planning Department. The sign must remain lanning Department thereafter.
Planning Staff will notif	y adjacent property owr	ners via post and provide notice	of the request to the Oglethorpe Echo .
		Initial Review	
			xt scheduled Board of Commissioner's meeting t Street, Lexington Georgia 30648.
		Public Hearing	
The Oglethorpe County Board of Commissioners' meeting room	, 105 Union Point Street	a public hearing on the first Mor t, Lexington Georgia 30648. The c hearing or may defer a decision	nday of each month at 6:00 pm at the Board of e Oglethorpe BOC may make a final decision at n.
By signing, I hereby certify that	I have read and examin	ned this application and know t	the same to be true and correct. Date 10/14/24
	1. 在1000 mm 和2年 201 和2年	For Staff Use Only	il lacation, neutra, riscore repa, as
application received on/_		tials) Comprehensive Site	Development Plan required? Yes ☐ No ☐
ate of Zoning Board Meeting _		Recommendation:	
ate of BOC Meeting/_	THE RESIDENCE OF THE PARTY OF T		aid? Yes Date Paid:
	Mailing Address: F	P.O. Box 261, Lexington Geor	gia 30678