

☐ Paid by Check☐ Paid by Cash

Office Use Only

Date: _____

Giles County

Application To Planning Commission and Board of Supervisors For:

☐ Rezoning☐ Special Exception

Magisterial District: _____

Owner _____

Agent _____

Address _____

Address _____

Telephone _____

Telephone _____

Location of Property _____

Legal Record of Prop.: Deed Book _____ Pg. No. _____ Tax Parcel No. _____

From _____ District To _____ District

Use Desired _____

Total Area _____ acres or _____ square feet

Name and current mailing address of all adjacent property owners, including those located across any road, street, etc. from any part of this property: _____

Any Additional Comments:

I certify that the information supplied on this application and on the attachments provided (maps, list of adjoining property owners and other information provided) is accurate and true to the best of my knowledge.

Signature of Owner _____ Signature of Agent _____

White copy - Planning Commission

Yellow copy - Zoning Administrator

Pink copy - Property Owner