



City of Auburn
Planning & Development Department
1369 Fourth Avenue
P.O. Box 1059
Auburn, Georgia 30011
Phone: 770-963-4002 Fax: 770-513-9255
www.cityofauburn-ga.org

DATE RECEIVED _____

CASE FILE #: ANX _____

APPLICATION FOR ANNEXATION

DATE _____

I hereby request that the Property Described in this application be Annexed into the City of Auburn Limits with a Zoning Classification of _____

Address of Property to be annexed: _____

Area _____ acres or _____ Square Feet

Tax Map Number _____

Owner(s) of Property _____
(if more than one owner, list on separate sheet)

Address _____ Telephone _____

Applicant _____ Telephone _____

Address _____

ITEMS TO BE SUBMITTED WITH THIS APPLICATION, THE PETITION REQUESTING ANNEXATION AND THE ADDENDUM TO PETITION ARE AS FOLLOWS:

1. Survey - Metes and bounds plat of the property prepared by registered Georgia land surveyor.
2. Property Descriptions - A written legal description
3. Campaign Contribution and Conflict of Interest Disclosures
4. Authorization to Inspect Premises - I hereby authorized the City Of Auburn City Council, City Planner, the Planning Commission and their staff to inspect the premises which are the subject of this annexation application.

Signature of Applicant

Notary



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DISCLOSURE OF CAMPAIGN CONTRIBUTION

In accordance with the Conflict of Interest in Zoning Act, Title 36, Chapter 67A, Official Code of Georgia Annotated. The following questions must be answered.

Have you, within the last four-years immediately preceding the filling of this application, made campaign contributions aggregating \$250.00 or more to a member of the Auburn City Council, a member of the Planning and Zoning Commission or a member of the Zoning Board of Appeals, a member of the Planning Department, or any other government officials who will consider the application?

YES NO

If yes, please complete the following section:

Name and Official Position of Government Official(s):

Please list the Date and the Amount of Contribution(s) (list all which aggregated \$250.00 or more):

_____ Date: _____

Signature of Applicant

_____ Date: _____

Print Name

Signature of Applicant's Attorney or Representative

Print Name

