

TEXT AMENDMENT APPLICATION

TO AMEND THE TEXT OF THE ZONING ORDINANCE OF FAYETTE COUNTY, GA

A COMPLETE APPLICATION MUST BE SUBMITTED TO THE PLANNING AND ZONING DEPARTMENT BY THE FIRST DAY OF THE MONTH

HEARING SCHEDULE FOR 2019 APPLICATIONS

(Dates are subject to change with notice. If a hearing falls on a holiday, a new hearing date will be announced)

Deadline for application is the first of the month. If the first day of the month is on a weekend or holiday, the application filing deadline is extended to the next business day. Text amendment requests require a total of two (2) public hearings: one by the Planning Commission (1st reading and recommendation vote on the 1st Thursday of the month) and another public hearing by the Board of Commissioners (2nd reading and final decision on the 4th Thursday of the month). Both public hearings are held at the Fayette County Administrative Complex at Stonewall (located at the southwest corner of Hwy 54 and GA 85 in downtown Fayetteville) on the first floor in the Public Meeting Room (near the park fountain). Planning commission hearings begin at 7:00 p.m.; and the Board of Commissioners hearings begin at 6:30 p.m.; unless otherwise noted.

APPLICATION FILING

DEADLINE (noon)

January 2, 2019

February 1

March 1

April 1

May 1

June 3

July 1

August 1

September 3

October 1

November 1

December 2

PLANNING COMMISSION

HEARING DATE (1st Thur.)

February 7, 2019

March 7

April 4

May 2

June 6

July 2 (1st Tuesday)

August 1

September 5

October 3

November 7

December 5

January 2, 2020

BOARD OF COMMISSIONERS

HEARING DATE (4th Thur.)

February 28, 2019

March 28

April 23 (4th Tues @ 2PM)

May 23

June 27

July 25

August 22

September 26

October 24

November 14 (2nd Thurs @ 2pm)

December 12 (2nd Thurs @ 2pm)

January 24, 2020

**TEXT AMENDMENT APPLICATION
TO AMEND THE TEXT OF THE ZONING ORDINANCE OF FAYETTE COUNTY, GA**

APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

NOTARY PUBLIC

APPLICANT'S SIGNATURE

(THIS AREA TO BE COMPLETED BY STAFF): **PETITION NUMBER:** _____

Application Insufficient due to lack of: _____

by Staff: _____ **Date:** _____

Application and all required supporting documentation is Sufficient and Complete

by Staff: _____ **Date:** _____

DATE OF PLANNING COMMISSION HEARING: _____

DATE OF COUNTY COMMISSIONERS HEARING: _____

Received from _____ a check in the amount of \$ _____ for application filing fee.

Date Paid: _____ **Receipt Number:** _____

CURRENT TEXT PROVISION: (Please type and attach additional sheets if necessary)

To amend Article _____, Section(s) _____

PROPOSED WORDING OF TEXT AMENDMENT: (Please type and attach additional sheets if necessary)

To amend Article _____, Section(s) _____

REASON FOR SEEKING AMENDMENT: (Please type and attach additional sheets if necessary)
