

Application Number: _____



APPLICATION FOR ANNEXATION

TO: Mayor & Council of the City of Hogansville

DATE: _____, 20__

I/We, the undersigned, do hereby make application for annexation into the corporate limits of the City of Hogansville as follows:

Property Owner Name: _____

Address: _____

_____ Zip _____

Phone: _____ Email: _____

Troup Tax Map No. _____

Address for which _____

Annexation is requested:

_____ Zip _____

Nature of Annexation Requested – Please be as specific as possible.

Materials Necessary for an Annexation Application:

- ☐ Please use additional sheet, if necessary, to list all owners.
- ☐ One (1) copy of this application, completed in full
- ☐ Property Authorization Forms
- ☐ A concept/site plan of the property
- ☐ One (1) 24x36 sign to be placed at each lot frontage. *
- ☐ One (1) legal advertisement to be published in the LaGrange Daily News *

The wording will be supplied by the Zoning Administrator after the Planning Commission Meeting and must be posted 15-45 days before the public hearing

I certify that the foregoing information is true and correct,

this day of _____

Applicants Signature

Notary Public

(Affix Raised Seal Here)

Office Use Only

Received Date: _____

Accepted Date: _____

Site plan/Sketch attached: Yes No

Adjoining property owners listed on site plan: Yes No

Rezoning Application Received: Yes No

County Notification been sent?: Yes No

Date brought before Planning & Zoning Board: _____ Recommended for approval: Yes No

Date brought before Mayor & Council: _____ Approved: Yes No

DCA Reporting? : Yes No