CITY OF BUCHANAN

ORDINANCE AMENDMENT APPLICATION

4300 Georgia Highway 120 | (770) 646-3081 | staylor@buchananga.gov

APPLICANT INFORMATION

Name: _____ Date:_____

Mailing Address: _____

Email Address: _____ Phone Number:_____

Are you:

☐ City Resident ☐ Property Owner ☐ Business Owner ☐ Other:_____

REQUESTED ORDINANCE AMENDMENT

Ordinance Number (If known): _____

Section(s) Requested to be Amended:_____

_____

_____

PROPOSED AMENDMENT

Please state the exact wording you are requesting. Attach additional pages if necessary.

_____

_____

_____

_____

PURPOSE OF REQUEST

Explain why you are requesting this amendment and how it will benefit the City of Buchanan.

_____

_____

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_____

_____

SUPPORTING INFORMATION

Please check all that apply: ☐ Maps ☐ Photographs ☐ Drawings

☐ Legal Description ☐ Supporting Documents ☐ Other:_____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submission of this application does not guarantee that the requested ordinance amendment will be scheduled for consideration or approved by the Mayor and City Council.

Applicant Signature:_____ Date: _____

CITY USE ONLY

Date Received: _____ Application Number: _____

Reviewed for Completeness: ☐ Yes ☐ No

Forwarded to: ☐ Mayor ☐ City Attorney ☐ Planning Commission (if applicable)

Date Forwarded: _____

Action Taken: ☐ Additional Info Requested ☐ Placed on Council Agenda

☐ Referred for Legal Review ☐ Approved ☐ Approved with Modifications

☐ Denied ☐ Tabled

Council Meeting Date: _____ Final Disposition:_____

Clerk's Signature: _____