

**PROPERTY ANNEXATION APPLICATION
CITY OF BUCHANAN**

City of Buchanan
P O Box 6
Buchanan, Georgia 30113

Date of Request _____
Final Approval Date _____

Application No. _____
Ordinance No. _____

I hereby request that the Property described in this application be annexed into The Buchanan City limits with a zoning classification of _____.

Address of Property To be annexed:

Acres: _____

Tax Map Number _____

Owner of Property _____

Owner Telephone Numbers _____

Address _____

Applicant _____

Applicant Telephone Numbers _____

A. Reason for Requesting Annexation: Give a brief summary of the reason for requesting the annexation _____

B. Site Plans-All site plans shall draw the location of existing buildings and improvements to the property.

C. Property Description-A written legal description and recent plat of the property to be submitted.

D. Meeting Dates and Processing of Application.

E. **Fee of \$250.00 to be paid at time of Application.**

F. Authorization to inspect premises. I hereby authorize the **Buchanan Planning Commission** and their staff to inspect the premises which are subject to annexation.

G. Petition requesting Annexation.

H. Applicant understands and agrees that the application fee does **NOT** include any unusual costs, expenses or attorney's fees related to the contested zoning, hearings, 3rd party complaints concerning zoning appeals and/or potential litigation of zoning decisions based upon this application. It is applicant's responsibility to pay all reasonable cost, attorney's fees, expert fees, and related expenses of any litigation or or contested disputes that arise from this zoning application incurred by the City of Buchanan, Georgia.

Signature of Applicant _____