

Carroll County

Department of Community Development

423 College Street; P.O. Box 338, Carrollton, GA 30117 \$\sigma 770.830.5861\$

Application for Street Light Special Tax District

Step 1: Take the Parcel Information Sheet to the Map Room (#414 in the Administration Bldg) to be filled out.

Step 2: Complete the application below and submit it, along with the Parcel Information Sheet, Affidavit Sheet and appropriate fees to Community Development for review.

I: Owner/Applicant Information (to be completed at time of REZONING)

Development Name.	Number of lots.
Location: City	y:, Georgia ZIP:
Applicant:	Phone:
Address: City	
Owner (if different):	Phone:
Address: City	y: State: ZIP:
The Owner/Applicant must complete the attached affidavit w	with a notarized signature.
Is the owner/applicant a Property Owner's Association or someone If yes, please attach a petition with signatures of at least 75 percen (Subdivision).	
Is this for an existing subdivision with existing streetlights? Yes If yes, please attach a description of the streetlights from the approsection II.	
Application Fee : \$75 + \$5 per lot = \$	
II: Property Information (to be completed at time of FIN	NAL PLAT)
Service Provider Information: Utility or Service Provider: Contact Name and Number:	Description of Special Tax District: Number of Street Lights: Cost per light/mo: Total cost/mo:
Plat of where streetlights are installed within subdivision.	II — an i
Letter from service provider certifying that all installation	II
monthly service cost are paid and no outstanding balance	
due. Deposit: 2 years required to be calculated at the government rate.	OR Overhead
	Comments:
$\frac{\text{(24 mos)} = }{\text{Total cost/mo}}$ $\frac{2 \text{ year deposit}}{\text{2 year deposit}}$	

PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be completed by Map Room Personnel in Room #414

MAP ROOM OFFIC	AL:					
MAP:		LAND LOT:				
PARCEL:		DIS	TRICT:			
CURRENT PROPER	TY OWNER:					
PROPERTY OWNER	R AS OF JANUAR	AY 1 ST :				
APPLICANT (IF DIF	FERENT FROM OV	VNER):				
PROJECT ADDRESS	S:					
CITY:						
SUBDIVISION:		LO	Γ#:			
ACREAGE:		PAI	PARCEL SPLIT FROM:			
CURRENT ZONING	CLASSIFICATIO)N			_	
CORRENT ZONING	CLASSIFICATIO	711	FRONT			
REQUIRED SETBACKS			SIDE		_	
REQUIRED SETBAC	JK3		REAR			
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST						
☐ Complete Inventory ☐ Complete Inventory	r Adequate Description of Existing Structure of Proposed Structure of Existing Uses and	es (noting uses & non-co	onforming struct	ures)		
Signature of Zoning Administrator or Designee: Date:						
Comments:						
CDP COMPLIANCE	☐ YES ☐ NO	Signature of CDP Ad	lministrator or	Designee:		
				Date:		
		Comments:				
PLAT APPROVED	☐ YES ☐ NO	Signature of County Engineer or Designee:				
					 	
APPROVED FOR	☐ YES ☐ NO	Comments:				
NEW ADDRESS						
		Comments:		Datt		

Sketch of Property

Please check:		MMERCIAL		
 ⇒ Provide a sketch of proposed building location, driveway, septic tank location and all additional structures. ⇒ Show the <i>dimensions</i> of the lot and all setbacks from the house and other structures to all property lines. ⇒ The front setback shall always be measured from the centerline of the frontage road(s). ⇒ Show location of any wells, trash pits and all easements (drainage or utility) located on the property. ⇒ Show distance to nearest stream or lake on property, or if not within 200 feet of a stream or lake, please note. 				
Describe the type of s Is this a Multiple Roa	structure that you plan to build:oad Frontage Lot:			

STATE OF GEORGIA COUNTY OF CARROLL



AFFIDAV	/IT FOR A
authorized to administer oaths in the following statements for the	, personally appeared before me, the undersigned officer, duly ne State of Georgia and, having been duly sworn, sets forth the ne purpose of being granted approval for a under the Ordinances of Carroll County:
of Community Development consists	within the application attached hereto and filed in the Department of facts within my personal knowledge that I know are true and officials of Carroll County in making a decision whether to issue other Department approval.
corporation, or other organization o	nt, I declare that the Applicant, regardless if a partnership, or entity that is receiving a benefit under this Application, License, wal (whichever is applicable) is not delinquent in the payment of
FURTHER AFFIANT SAYI	ETH NOT.
I declare under penalty of fal	lse swearing that the above is true and correct.
This,,,	
	AFFIANT (signature)
vorn to and subscribed fore me this day	Address:
·	If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address
Notary Public	Entity:
y Commission Expires:	Address: