



THE CITY OF HAMPTON
 17 E. Main Street South
 P.O. Box 400
 Hampton, GA 30228
 (770) 946-4306

**APPLICATION TO AMEND
 CITY OF HAMPTON
 CODE OF ORDINANCES
 (Pursuant to Appendix A: Zoning,
 Article 12. Section 12-7)**

Name of Applicant: _____ Tel.: _____

Mailing Address: _____ Email: _____

Name of Property Owner: _____ Tel: _____

(APPLICANT NAMED ABOVE AFFIRMS THAT THEY ARE THE OWNER OR AGENT OF THE OWNER OF THE PROPERTY DESCRIBED BELOW AND REQUESTS; ATTACH ADDITIONAL PAGE FOR MORE THAN ONE OWNER)

Amendment Requested: _____

 Witness' Signature

 Signature of Applicant(s)

 Printed Name of Witness

 Printed Name of Applicant

 Notary

 Signature of Agent

NOTARY STAMP:

(For Office Use Only)

Total Amount Paid \$ _____		Cash: _____	Check #: _____	Received by: _____	<i>(FEES ARE NON-REFUNDABLE)</i>
Application checked by: _____		Date: _____	Pre-application review: _____		
Date of review / meeting with City staff: _____		Staff Recommendation: _____	Council Decision: _____		
Director's Signature: _____		Date: _____			

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

Reference: Application filed on _____, 20_____, to amend the official City of Hampton Code of Ordinances described as follows:

Within two years preceding the above filing date, the Applicant has made campaign contributions aggregating \$250.00 or more to each member of the City Council of the City of Hampton who will consider the Application and is listed below. List (1) the name and official position of the local government official and (2) the dollar amount, description, and date of each such campaign contribution.

Yes _____ No _____

If Yes, the applicant and the attorney representing the applicant must file the following information with the City of Hampton City Council within ten (10) days after this application is first filed:

City Council Member Name	Dollar amount of Campaign Contribution	Description of Gift \$250 or greater given to City Council member

I hereby depose and say that all statements herein are true, correct and complete to the best of my knowledge and belief.

Signature of Applicant

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public