



CITY OF TOCCOA
Community Planning & Development Department
92 N. Alexander Street, P.O. Box 579
Toccoa, GA 30577
(706) 282-3232

APPLICATION FOR ANNEXATION

Date: _____

Tax Map Number: _____ County Zoning Designation: _____

Date Annexation will become effective and official: _____

Address of subject property: _____

Owner of Property: _____

Owner's Address: _____

Telephone Number: _____

Housing Units: _____ Other Buildings: _____

Population: White _____ Black _____ Other _____

A. Site Plan - Showing the location of existing buildings and other improvements.

B. Property Description - A legal description and plat.

C. Fee - No fees required.

D. Authorization to Inspect Premises - I hereby authorize the Toccoa City Commission, the Planning Commission and their staff to inspect the premises which is the subject of this annexation application.

E. Petition Requesting Annexation - Owners must complete Attachment.

Signature

Signature

**PETITION REQUESTING ANNEXATION
CITY OF TOCCOA, GEORGIA**

DATE _____

TO THE HONORABLE CITY COMMISSION OF THE CITY OF TOCCOA, GEORGIA

1. The undersigned, as owner of all real property of the territory described herein, Respectfully requests that the City Commission annex this territory to the City of Toccoa, Georgia, and extend the City boundaries to include the same.
2. The territory to be annexed abuts the existing boundary of Toccoa, Georgia, and the Description of such territory area is as follows:

Address/Location of Property:

Tax Map Number: _____ County Zoning Designation: _____

See description attached.

3. It is requested that this territory to be annexed shall be zoned: _____

for the following reasons:

WHEREFORE, the Petitioners pray that the City Commission of the City of Toccoa, Georgia, pursuant to the provisions of the Acts of the General Assembly of the State of Georgia, Georgia Laws, 1946, do by proper ordinance annex said property to the City Limits of the City of Toccoa, Georgia.

Respectfully Submitted,

Owner(s)

AUTHORIZATION BY PROPERTY OWNER

Application for Annexation

I Swear That I Am The Owner Of The Property Which Is The Subject Matter Of The Attached Application, As Is Shown In The Records Of Stephens County, Georgia. I Authorize The Person Named Below To Act As Applicant In The Pursuit Of An Annexation Request Of This Property.

Name of Applicant: _____

Address: _____

City State Zip Code

Telephone Number: _____

Signature of Owner

CITY ANNEXATION NOTIFICATION FORM

1. Describe the location of the area to be annexed or attach a clear map indicating the location (if not previously provided to the county with the notice of proposed annexation).
2. How many landowners/parcels will be included?
3. How does the city propose to designate this area on its future land use map and/or zoning map if the annexation occurs?
4. Attach a copy of the sections of the city development ordinances that identify permitted uses for this proposed land use classification.
5. Describe the development plans for the area proposed to be annexed (if the property owner(s) in the area have initiated specific development proposals).
6. Indicate any special measures to be implemented or conditions of development that will be imposed on the properties to be annexed to mitigate negative impacts of the annexation proposal on surrounding properties.

County Zoning Designation: _____

Form completed by: _____

Signature _____ Date _____

