

Date: 2/13/2.25

CITY OF LOGANVILLI Section 5, Item B.

Department of Planning & Devel

P.O. Box 39 • 4303 Lawrenceville Road Loganville, GA 30052

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Application # R 25	5-12
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REQUEST FOR ZONING MAP AMENDMENT
A PETITION TO AMMEND THE OFFICIAL ZONING MAP OF THE CITY OF LOGANVILLE, GEORGIA

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*
NAME: ADDRESS: CITY: STATE: PHONE: Zip:	NAME: ADDRESS: CITY: STATE: PHONE: (*attach additional pages if necessary to list all owners)
Applicant is: Property Owner Contract Pur	rchaser
CONTACT PERSON:EMAIL:	PHONE: 5 366 42 10 FAX:
PROPER	RTY INFORMATION
ADDRESS:	0
Pre-Application Conference Date: NA Accepted by Planning & Development:	DATE: 2-2-6-2025 FEE PAID: \$500.00
CHECK #30025 RECEIPT # COV23 388 DATE OF	LEGAL NOTICE : 4/9/25 NEWSPAPER: THE WALTON TRIBUNE
PLANNING COMMISSION RECOMMENDATION: A	Approve
CITY COUNCIL ACTION: Approved Approved Approved	d w/conditions