## **Liberty Consolidated Planning Commission**

100 Main Street, Suite 7520 Hinesville, Georgia 31313 Phone: 912-408-2030



Executive Director

## **LCPC Application**

Zoning Action #\_\_\_\_\_

$\square$ Variance $\square$ Conditional Use $\square$ Home Occupation (Type B) $\square$ Appeal	
Tax Map & Parcel #: Property Street Address:	
Property Owner:	
Contact Name & Number:	
Contact Mailing Address:	
Contact Email Address:	
I confirm that these stateme	ents are true:
Applicant (if not owner):	
Contact Name & Number: _	
Contact Mailing Address: _	
Contact Email Address:	
Required Attachments:	
	g the nature of the request and the reason for it.
`	g the review criteria. (variances and conditional uses only) gal description of the property.
1.0	plat and/or survey of the property. (provide pdf and paper copies)
71 general layout plans	
	LCPC Use Only
Date received:	
Fee paid: \$	Date paid: