



# ROCKDALE COUNTY PLANNING & DEVELOPMENT

P.O. Box 289/958 Milstead Ave NE, Conyers, GA, 30012  
Phone: 770-278-7100  
Email: [planning@rockdalecountyga.gov](mailto:planning@rockdalecountyga.gov)

CASE #: \_\_\_\_\_

## VARIANCE AND ALTERATIONS TO CONDITIONS OF APPROVAL APPLICATION CHECKLIST

This application is required for a Variance and for Alterations to or Repeal of Conditions of Approval. The Instructions provide further details.

### FILING INFORMATION (OFFICE USE ONLY)

Filing Date: \_\_\_\_\_ BOA Hearing: \_\_\_\_\_

### PROPERTY

Property Address(es): \_\_\_\_\_ Tax Parcel Numbers: \_\_\_\_\_  
(With City and Zip Code)

Total Acreage: \_\_\_\_\_ Number of Properties: \_\_\_\_\_

Per 2019 House Bill 493, detailed checklists of items required to be submitted for each type of project are supplemental to this application. Each item **must be checked off and a page number where the item is located must be noted** and included with the application. The applicant must sign the affidavit, at the end of the application and each required checklist, certifying that all required items are provided. If there are questions regarding items required for your specific project, contact staff for clarification prior to submitting the application.

Applications that do not provide documentation or required materials will be noted as incomplete and may result in delays in the Board of Commissioners', Planning Commission's, or Staff's review of the application and/or denial of the request. The Board of Commissioners and Planning Commission reserves the right to require additional information if it believes that the submission of such information is necessary to understand the nature of the intended activity.

Revisions made to the applications after the submittal deadline and prior to the Board of Commissioners' or Planning Commission's hearing may be continued to the following month's hearing.

The Unified Development Ordinance (UDO) Sec. 218.1 provides the list of permitted uses in each Zoning District. If the Zoning District does not permit the proposed zoning use classification, a separate application is required.

UDO Sec. 202.6 provides the zoning districts that are permitted within each FLU Category. If the FLU Category does not permit the proposed zoning district, a separate application is required.

**REQUIRED Pre-Application Conference** (UDO Sec. 238-4(d)(1)):  
Date attended and with which staff member: \_\_\_\_\_

**Completed Application:** Provide one (1) digital copy and three (3) hard copies of the entire submittal packet.

**Property Information (Page 4)**

**Contact Information (Page 4):** Property Owner(s), Applicant, Authorized Agent, Attorney.

**Site and Development Information (Page 5):** General information on the property, services and utilities.

**Justification of the Request (Page 6):** In your own words, type the reason you believe the zoning of the subject property should be amended.

**Special Use Permit Review Standards (Page 7):** Provide justification for each of the following review standards (UDO Sec. 238-4(g)(2)). The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request.

**Supplemental Use Standards (Page 8):** UDO Sec. 238-13. Answer each of the review standards listed in UDO Sec. 238-6. The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request.

**Conditions of Approval (Page 9):** UDO Sec. 238-15. Provide justification for each of the review standards listed in UDO Sec. 238-6. The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request.

**Applicant Certification (Page 10)**

**Ownership Statement and Campaign Contribution Disclosure Statement (Page 11):** If the property is listed in the name of more than one individual or entity, each owner must sign all documents. Property owner(s) signature(s) must be notarized. If the property has been sold within the last 90 days, a copy of the deed with the new owner(s) name(s) is required. Ownership of property will be verified by staff. The owner(s) of the property is required to disclose political campaign contributions. Disclosures must be notarized.

**Agent Authorization Form and Campaign Disclosure Statement (Page 12):** If the owner of the property wishes to have someone represent his/her interest in all matters relating to a rezoning application, the notarized signatures of the owner(s) and agent are required. Agents are required to disclose political campaign contributions. Disclosures must be notarized.

**Attorney Authorization Form and Campaign Disclosure Statement (Page 13):** If the owner of the property wishes to have an attorney represent his/her interest in all matters relating to this application, the notarized signatures of the current owner(s) and attorney are required. Attorneys are required to disclose political campaign contributions. Disclosures must be notarized.

**Proof of Ownership:** Deed recorded with Rockdale County Clerk of Courts. A copy of the deed of the property or properties may be obtained at the Rockdale County Courthouse in the Real Estate Records Room on the 1st floor.

**Original Plat or Survey:** Plat or survey recorded with Rockdale County Clerk of Courts or referenced by the Deed, if not recorded.

**Survey plat:** Signed and sealed by an engineer, landscape architect, or land surveyor. A copy of the existing survey plat of the property or properties may be obtained at the Rockdale County Courthouse in the Real Estate Records Room on the 1st floor. However, one complete boundary survey is required for projects with more than one property.

**Legal description of the property:** This written description, found on the property deed, containing the metes & bounds of the property or properties. However, the legal description must be provided in Word with this application.

**Site plan:** Complete and detailed site plan of the proposed use prepared, signed and sealed by an architect, landscape architect or engineer licensed in the State of Georgia showing the following. The Site Plan may include any additional graphics which will explain the features of the development, but shall include the following:

- A written description of the details of the proposed use and development details.
- A vicinity map showing the use and zoning of all properties within one (1) mile of the property subject to the rezoning request.
- All proposed setbacks, buffer yards, structure heights, and lot coverage calculations.
- All proposed buildings, structures, fences, or walls, areas of outdoor storage, permanent dumpsters, and other improvements to be located upon the site and adjacent sites within 400 feet of the subject property.
- All proposed open spaces and recreational amenities.
- All proposed stormwater management facilities and connections (all stormwater connections shall be subject to the approval of the Rockdale County Stormwater Department).
- All proposed location and capacities of public and private utilities (all septic systems shall be subject to the approval of the Rockdale County Environmental Health Department, all public sewer and water connections shall be subject to the approval of the Rockdale County Water Resources or public service provider).
- Lakes, streams, other water bodies, and wetlands on or adjacent to the site and associated buffers.
- All proposed public improvements including sidewalks, street trees, and right-of-way dedications.
- All proposed locations for temporary uses, such as seasonal sales areas.
- Such other and additional information as may be requested by the Zoning Administrator.

**Current and Proposed FLU Category and Zoning District for the property:**

Address	Tax Parcel No.	Acreage	Current FLU Category	Proposed FLU Category	Current Zoning District	Proposed Zoning District

**Filing Fee:** The non-refundable filing fee is payable at the time of application. Payment may be made by cash (exact amount), credit card (VISA or Mastercard), check, or money order payable to Rockdale County.

Special Use Permit; and Alterations to Special Use Conditions

Acres	Fee per Property	Fee Amount
<input type="checkbox"/> 0-4.99 acres	\$400	\$
<input type="checkbox"/> 5-9.99 acres	\$500	\$
<input type="checkbox"/> 10-19.99 acres	\$700	\$
<input type="checkbox"/> 20 acres and more	\$900	\$

Development of Regional Impact (DRI) required by UDO Sec. 238-5. See Pages 10 and 11 of the Instructions for the ARC DRI Thresholds.

Fee: \$1,200

**Filing Fee (Fee Amount + DRI Fee) \$**

**AFFIDAVIT CERTIFYING COMPLETENESS OF APPLICATION**

I hereby acknowledge that I understand the requirements listed above for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____ (Signature)	_____ (Applicant's Name)	_____ (Date)
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**NOTARY**

The secure and verifiable document provided with this affidavit can best be classified as:	_____ (type of document)
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Executed in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 (city) (county) (state) (day) (month) (year)

Notary Public signature	<b>SEAL</b>
GA Registration No. and expiration date	



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CASE #: \_\_\_\_\_

**SPECIAL USE PERMIT AND  
 ALTERATIONS TO ZONING CONDITIONS APPLICATION  
 FILING INFORMATION (OFFICE USE ONLY)**

Filing Date:	BOC 1R WS:	BOC 1R VS:	PC Hearing:	BOC Hearing:	BOC 2R WS:	BOC 2R VS:
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**PROPERTY INFORMATION**

Property Address(es): (With City and Zip Code)			Tax Parcel Numbers:			
Total Acreage:			Number of Properties:			
Subdivision:		Land Lot(s):		District(s):		
Current Zoning:			Proposed Zoning:			
Current FLU Category:			Proposed FLU Category:			
Current Use:			Proposed Use:			
Zoning History (Rezoning, Special Use Permits, Variances, etc.):						
Are there existing conditions of zoning for the property? If so, please list:						
Purpose of requested amendment:						

**APPLICANT INFORMATION**

Applicant / Authorized Agent:			Authorized Agent / Attorney:			
Business / Person Name:			Business / Person Name :			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Office #:	Mobile #:		Office #:	Mobile #:		
Email:	Fax #:		Email:	Fax #:		
Applicant Status (check one):	<input type="checkbox"/> Owner	<input type="checkbox"/> Authorized Agent				

**PROPERTY OWNER INFORMATION**

Owner:					
Business / Person Name :					
Owner of Tax Parcel No(s).:					
Address:					
City:	State:	Zip:			
Office #:	Mobile #:				
Email:	Fax #:				

## SITE INFORMATION

Any Applicable Zoning Overlay Districts:

**Schools:**

(If this request is for a commercial, industrial or office institutional zoning, school enrollment figures are not required, but the location of the nearest schools must still be completed.)

Type	Name	Current Enrollment	Capacity	Difference
Elementary School:				
Middle School:				
High School:				

**Transportation:**

	North	South	East	West
Adjacent Roads:				
Existing ROW:				
Future ROW:				
Type:				

Types: County Rd; State Hwy; Private Dr; Paved; Dirt; Other

Are there state or county road improvements planned that would impact the rezoning site (by either Rockdale County or GDOT)?

If so, please identify:

**Utilities:**

Gas Service:

Electric Service:

Potable Water (check one):

Public System

Well

Location of Nearest Line:

Diameter of Line:

Distance to Closest Fire Hydrant:

Wastewater (check one):

Public System

Septic Tank

Nearest Treatment Plant:

Evaluation by Soil Scientist:

Max Operating Capacity:

Environmental Health Approval:

Level of Operation:

Are there any utility easements recorded on the land to be considered for rezoning?

If, so please describe:

**Stormwater:**

FIRM Panel No. and Date:

Basin:

Sub-Basin:

Are there streams, rivers, lakes or other water bodies located on or adjoining this site?

If so, please identify:

Property Within Floodplain?

Zone:

If so, has it been identified on your property plat?

Yes

No

How many acres are impacted by floodplain?

Wetlands

Type:

## DEVELOPMENT INFORMATION

Type of Development: (check one)

Residential

Nonresidential

Mixed Use

Type of Residential: (check one)

Single-Family Residential

Two-Family Residential

Multi-Family Residential

Type of Nonresidential:

If Use Contains a Residential Component:

Number of Units:

Acreage:

Residential Density (Lots/Units per Acre):

If Use Contains a Commercial Component:

Total Building Area Proposed:

Number of Parking Spaces:

Does the development qualify for a Development Regional Impact (DRI)? See pages 10 and 11 of the Application Instructions for more information.

Yes

No

## VARIANCE CRITERIA TO BE APPLIED

In your own words, type the reason you believe a variance should be granted by providing justification for each of the following review standards (UDO Sec. 238-9(h)(1)). The following criteria shall be applied by the department and the board of adjustment in evaluating and deciding any application for a variance. The board of adjustment shall not grant a variance unless it has, in each case, make specific findings of fact based directly upon the particular evidence presented supporting written conclusions that the variance meets each of the following criteria. Please address the following:

a. Arises from a condition that is unique and peculiar to the land, structures and buildings involved

b. Is necessary because the particular physical surroundings, the size, shape or topographical condition of the specific property involved would result in unnecessary hardship for the owner, lessee or occupants; as distinguished from a mere inconvenience, if the provisions of Title 2 of the UDO are literally enforced

c. The condition requiring the requested relief is not ordinarily found in properties of the same zoning district as the subject property

d. The condition is created by the regulations of Title 2 of the UDO and not by an action or actions of the property owner or the applicant

e. The granting of the variance will not impair or injure other property or improvements in the neighborhood in which the subject property is located, nor impair an adequate supply of light or air to adjacent property, substantially increase the congestion in the public streets, increase the danger of fire, create a hazard to air navigation, endanger the public safety or substantially diminish or impair property values within the neighborhood

f. The variance granted is the minimum variance that will make possible the reasonable use of the land, building or structures

g. The variance desired will not be opposed to the general spirit and intent of Title 2 of the UDO or the purpose and intent of the comprehensive plan.

## ALTERATIONS TO OR REPEAL OF CONDITIONS OF APPROVAL

This page is only required for existing Conditions of Approval that were imposed with the adoption of the original Variance. If Conditions of Approval exist for the Future Land Use Map (Comprehensive Plan), Rezoning (Zoning Map Amendment), or Special Use Permit that need to be changed, separate application(s) are required.

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a. List the existing conditions of approval:

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b. List the existing conditions of approval that are proposed to be altered and/or repealed:

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c. Provide justification for the proposal:

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### APPLICANT CERTIFICATION

Please read and initial the following statements:

- \_\_\_ 1. I hereby request the County consider the information contained within this application relative to the property shown on the attached plats and site plan and further request that this item be placed on the Planning Commission (PC) and/or Board of Commissioners (BOC) Agenda for a public hearing.
- \_\_\_ 2. I understand that my request will be rejected if all the necessary information and/or requirements are not presented.
- \_\_\_ 3. I understand that I have an obligation to present all necessary information required by the Rockdale County Department of Planning & Development (P&D) to enable the PC and/or BOC to make an informed determination on my request. I will seek advice of P&D Staff or an attorney if I am not familiar with the zoning and land use requirements.
- \_\_\_ 4. I understand that my request will be acted upon at the PC and BOC Public Hearings and that I am required to be present or to be represented by the authorized representative as indicated on this application, so that someone is available to present all facts and answer questions. I understand that failure to appear at a public hearing may result in the postponement or denial of my request. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Rockdale County.
- \_\_\_ 5. The Rockdale County Unified Development Ordinance requires a public participation sign on the subject property. In order to ensure that the correct information is included on the public participation sign, P&D will prepare the sign and post the sign.
- \_\_\_ 6. I hereby acknowledge that I understand the requirements listed on the checklist for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.
- \_\_\_ 7. I have read and understood the applicable sections of the Rockdale County Unified Development Ordinance, as provided in the Instructions.

\_\_\_\_\_, the undersigned also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____ (Signature)	_____ (Applicant's Name)	_____ (Date)
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### NOTARY

The secure and verifiable document provided with this affidavit can best be classified as:	_____ (type of document)
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Executed in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(city) (county) (state) (day) (month) (year)

Notary Public signature	<b>SEAL</b>
GA Registration No. and expiration date	



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**OWNERSHIP STATEMENT &  
 OWNER'S CAMPAIGN  
 DISCLOSURE STATEMENT**

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records. Husband and wife or other individuals shall each sign individually. Make copies if needed.

**OWNERSHIP STATEMENT**

As the current owner(s) of Tax Parcel #(s) \_\_\_\_\_,  
 I (we) respectfully request that the subject property be issued a Special Use Permit or that Alterations to Conditions of Zoning be made.

Name:	Phone #'s:	Email:		
Address:	City:	State:	Zip:	

If the owner is a business, list the Registered Agent or Authorized Signatory:

**OWNER'S CAMPAIGN DISCLOSURE STATEMENT**

- No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.
- Yes, I have made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.

If yes, notate to whom the campaign contribution was made during the two years immediately preceding the filing of the application, the dollar amount, description of each contribution, and the date each contribution below and continue on a separate sheet if necessary, in the following format:

**Rockdale County Board of Commissioners**

Name	Position	Amount	Description	Date
Oz Nesbitt, Sr.	Chairman			
Sherri L. Washington, Esq.	Post I Commissioner			
Doreen Williams, PhD	Post II Commissioner			

**Conyers-Rockdale Planning Commission**

Name	Position	Amount	Description	Date
Steve Weinstein, PhD	PC Chairman, County			
Tom Harrison	Vice-chair, County			
Tawanna Smith-Fenty	City			
Ernestine Stovall-Goolsby	County			
Muddessar Ahmad	City			
Karen Benton	City			
Ronnie Burrell	County			

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____ (Signature)	_____ (Owner's Name)
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**AGENT AUTHORIZATION  
 STATEMENT &  
 AGENT'S CAMPAIGN  
 DISCLOSURE STATEMENT**

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records if they wish to have an agent represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

**AGENT AUTHORIZATION STATEMENT**

I, \_\_\_\_\_, hereby certify that the information provided in this application is true and correct and that I have authorized the following agent to make the request, claims and representation pursuing this application regarding Tax Parcel Nos.: \_\_\_\_\_

Agent's Name:		Phone #'s:	Email:		
Firm:	Address:	City:	State:	Zip:	

**AGENT'S CAMPAIGN DISCLOSURE STATEMENT**

- No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.
- Yes, I have made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.

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Karen Benton	City			
Ronnie Burrell	County			

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____	_____
	(Owner's Signature)	(Owner's Name)
Wait to be in front of notary to sign:	_____	_____
	(Agent's Signature)	(Agent's Name)

**NOTARY**

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**ATTORNEY AUTHORIZATION  
STATEMENT &  
ATTORNEY'S CAMPAIGN  
DISCLOSURE STATEMENT**

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records or the agent if they wish to have an attorney represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

**ATTORNEY AUTHORIZATION STATEMENT**

I, \_\_\_\_\_, hereby certify that the information provided in this application is true and correct and that I have authorized the following attorney to make the request, claims and representation pursuing this application regarding Tax Parcel Nos.: \_\_\_\_\_

Attorney's Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

**ATTORNEY'S CAMPAIGN DISCLOSURE STATEMENT**

- No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.
- Yes, I have made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.

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\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____	_____
	(Owner's/Agent's Signature)	(Owner's/Agent's Name)
Wait to be in front of notary to sign:	_____	_____
	(Attorney's Signature)	(Attorney's Name)

**NOTARY**

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Executed in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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