



City of Dawsonville
 P.O. Box 6
 415 Highway 53 East, Suite 100
 Dawsonville, GA 30534
 Phone: (706) 265-3256

**Annexation Petition
 into the
 City of Dawsonville, GA**

Annexation # _____

Please Print Clearly

Applicant Name(s): _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant Telephone Number(s): _____

Property Owner's Name(s): _____

Property Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner's Telephone Number(s): _____

Address of Property to be Annexed: _____ VACANT LOT

Tax Map & Parcel # _____ Property Size in Acres: _____ Survey Recorded in Plat Book # _____ Page # _____

Land Lot # _____ District # _____ Section # _____ Legal Recorded in Deed Book # _____ Page # _____

Current Use of Property: _____

County Zoning Classification: _____ City Zoning Classification: _____

Land Use & Zoning Ordinance, Article VII. General Provisions Sec. 708. Annexation:

Any land area subsequently added to the incorporated area of Dawsonville shall automatically be classified R-1 (single-family residential district) until or unless otherwise classified by amendment to the official zoning map.

Petition **MUST** include a completed application with signatures and **ALL** attachments.

An 8 ½ x 11 copy of the current **RECORDED BOUNDARY SURVEY** of said property showing the contiguity of said property to the existing corporate limits of the City of Dawsonville, GA.

A copy of the current metes and bounds **LEGAL DESCRIPTION** that matches the boundary survey of the property being annexed.

Survey **must** be signed and sealed by a Registered Land Surveyor.

Survey **must** be signed, stamped recorded by the Clerk's Office, Superior Court at the Court House.



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Property Owner(s) Authorization

I / We the undersigned, being the owner(s) of real property of the territory described herein as _____ (Address/Tax Map Parcel) , respectfully request that the Mayor and City Council of the City of Dawsonville, Georgia annex this property into the City and extend the City boundaries to include the same.

Upon signature of this document, I / We the undersigned certify that all the information provided is true and accurate to the best of our knowledge.

(1)	_____	_____
	Property Owner Signature	Property Owner Printed Name
(2)	_____	_____
	Property Owner Signature	Property Owner Printed Name
(1)	_____	_____
	Applicant Signature	Applicant Printed Name
(2)	_____	_____
	Applicant Signature	Applicant Printed Name

Sworn to and subscribed before me
 this _____ day of _____ 20____.

 Notary Public, State of Georgia

My Commission Expires: _____

Notary Seal

Annexation Application Received Date Stamp:	Rec'd _____	Completed Application with Signatures
	Rec'd _____	Current Boundary Survey
	Rec'd _____	Legal Description
	Rec'd _____	ARC Population Estimate Information
Planning Commission Meeting Date (if rezone): _____		
Dates Advertised: _____		
1 st City Council Reading Date: _____		
2 nd City Council Reading Date: _____		
Date Certified Mail to: _____ County Board of Commissioners & Chairman _____ County Manager _____ County Attorney		
<input type="checkbox"/>	Letter Received from Dawson County	Date: _____