



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's Name(s): _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant's 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 # _____ Survey Recorded in Plat Book # _____ Page # _____

Land Lot # _____ District # _____ Section # _____ Property Size in Acres: _____

Current Use of Property: _____

County Zoning Classification: _____ Requested City Zoning Classification: _____

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, Georgia.
- 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 and stamped 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's Signature | Property Owner's Printed Name |
| (2) | _____ | _____ |
| | Property Owner's Signature | Property Owner's Printed Name |
| (1) | _____ | _____ |
| | Applicant's Signature | Applicant's Printed Name |
| (2) | _____ | _____ |
| | Applicant's Signature | Applicant's 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: _____

1st City Council Reading Date: _____

2nd City Council Reading Date: _____ Approved: YES NO

Date Certified Mail to: _____ County Board of Commissioners & Chairman _____ County Manager _____ County Attorney