

Cíty of Covington BOARDED UP STRUCTURES REGISTRATION APPLICATION

PLEASE COMPLETE THE FOLLOWING:	Date Received:		
Note: No Fee required with this registration application.	Received By:		
	BS&A No.:		
I. BOARDED UP STRUCTURES INFORMATION:	Time Limit:		
Property Address:			
Tax ID: Parcel Size (Acres):			
Zoning District:Future Land Use:			
Citation Number (if applicable):			
Violation Type: 🗌 Residential 📄 Commercial 📄 Industrial 📄 Mixed-Use 📄 Other			
Project Type: Dearded Up Vacant Utilities are: on off			
Detailed Plan of Action Attached 🗌 yes 🗌 no Detailed Timeline Attached 🗌 yes 🗌 no			
Existing Use of Structure(s): 🗌 Single Family 🗌 Multi-family 🗌 Commercial 🔲 Industrial			
Rental Property Vacant Property Other			
What Neighborhood is Property Located in? Number of	Stories:		
Is the property located within a historic district?			
Owner's Plan for Building?			
Owner's Plan for Regular Maintenance during period that the building is boarded up	o?		
II. PROPERTY OWNER INFORMATION:			
Name:			
Address:			
Phone: Email:			
Alternative Phone Number:			
Agent Contact Information:			
Agent's Name: Agent's Phone Number:			

Department of Planning & Development ♦ 2194 Emory Street, NW Covington, Georgia 30014 P. O. Box 1527 Covington, Georgia 30015 Phone: (770) 385-2020 ♦ Fax: 770 385-2170



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Agent's Email Address: ______ - over -I do hereby certify that I am the property owner and it is my sole responsibility to notify the City of Covington Planning & Development Department in writing of any change in the status of the Boarded Up Structure. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Property Owner Name: _____ Date:

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

Notary: _____

Notary Seal

III. PROPERTY OWNER AFFIDAVIT:

I,,	the	owner	of	the	subject	property	identified	in	this
application, do hereby authorize					to a	ct on my b	behalf in all	mat	ters
pertaining to CHAPTER 8.26 RELATED TO BC	DARD	UP ST	RUC	CTUF	RES, incl	uding mod	difying the s	statu	is of
the building according Chapter 8.26 as adopted	ed by	Title 8	(He	alth	and Saf	ety) of the	e City of Co	ovinę	gton
Municipal Code. I agree to be bound by all	repres	sentativ	es a	and a	agreeme	nts made	by my des	signa	ated
representative. If this relationship changes at a	any tii	me prio	r to	bring	ging the I	ouilding in	to compliar	nce,	it is
my sole responsibility to notify the City of	Covin	gton Pl	lann	ing	& Devel	opment D	epartment	of	said
change(s) in writing.									
Name of Broparty Ourpar(a)									
Name of Property Owner(s):									
Mailing Address:									

Phone: Er	nail:		
Signature of Owner:		Date:	
Swarp to and subscribed before me on this	dov.of		20

Sworn to and subscribed before me on this _____ day of _____, 20___

Notary:	

Notary Seal

** FOR OFFICIAL USE ONLY **

PLANNING AND ZONING File # Inspection Conducted:
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REGISTRATION APPLICATION

Released by Code Enforcement	Staff comments:
Further Action Required	