

ULDC APPLICATION

Required Approvals	Contact Number	Contact Made & Date
Lowndes County Zoning Office	(229) 671-2430	
Lowndes County Board of Health	(229) 245-2314	
Lowndes County Utilities Department	(229) 671-2500	
Lowndes County Engineering Department	(229) 671-2424	
Valdosta/Lowndes County Inspections Department	(229) 259-3561	
Lowndes County Technical Review Committee	(229) 671-2424	
Valdosta-Lowndes Zoning Board of Appeals	(229) 671-2430	
Moody Air Force Base and/or Valdosta Airport Authority	(229) 671-2419	
Greater Lowndes Planning Commission	(229) 671-2424	
Lowndes County Board of Commissioners	(229) 671-2400	
Type of Application*	Fees*	Case Number
<small>*For Application Types and Associated Fees Please See the ULDC Processing Sheet on Page 4</small>		
Telecommunication Tower	\$500.00	TWR-2008-05

REASON FOR REQUEST: Construct Telecommunications Facility

Additional Narrative Attached

**PROJECT INFORMATION**

Project Name: Boyette Property Address: Hwy 122, Hahira, GA 31632

Map and Parcel Number: 101-044 Property Size: 100' x 100' (10,000 sq. ft.)

Current Deed and/or Legal Description Attached  Current Survey Attached

Current Building Square Footage: \_\_\_\_\_ Proposed Building Square Footage: 12' x 30'

Current Impervious Surface %: \_\_\_\_\_ Proposed Impervious Surface %: \_\_\_\_\_

Current Number of Lots: \_\_\_\_\_ Proposed Number of Lots: \_\_\_\_\_

Current Zoning District: FA Proposed Zoning District: \_\_\_\_\_

Is this property within a special or overlay district?  No  Yes

If this application is within a special or overlay district please specify which one: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Base Flood Elevation: \_\_\_\_\_  
(This information shall be based on the Flood Insurance Rate Maps)

Is this property within a water resource protection district?  No  Yes

If this application is within a water resource protection district please specify which one: \_\_\_\_\_  
Recharge Area

Please circle one of the following: County Water Community Well Individual Well

Please circle one of the following: County Sewer Septic system Other

Property Depiction on Lowndes County Future Development Map: Agricultural/Forestry

\_\_\_\_\_  Additional Narrative Attached

Is this application a re-submittal?  No  Yes

If this application is a re-submittal, please provide file number, date of application, and action taken on all previous applications: \_\_\_\_\_

**PROFESSIONAL TO CONTACT e.g. ENGINEER, SURVEYOR, ARCHITECT, OR LAWYER**

Name: Haskell Slaughter/N. Andrew Rotenstreich Address: 1400 Park Place Tower  
2001 Park Place North

City: Birmingham ST: AL Zip: 35203

Phone #: 205-254-1442 Cell Phone #: \_\_\_\_\_ Fax #: 205-324-1986

Email Address: nar@hsy.com

**OWNERSHIP INFORMATION**

Property Owner: Onice Coppage Address: 5372 Ga. Hwy 122 East

City: Hahira ST: GA Zip: 31632

Phone #: 229-794-2023 Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OWNER'S SIGNATURE (Testifying ownership of aforementioned property):**

\_\_\_\_\_  
Signature of the property owner

\_\_\_\_\_  
Signature of the property owner

**NOTARIZATION FOR OWNER'S SIGNATURE**

\_\_\_\_\_  
See Attached  
NOTARY PUBLIC

*If the applicant or agent is a representative of the property owner, a notarized statement authorizing the representative to act as an agent of the property owner with regard to the application and associated procedure, shall be completed with this application.*

Agent's Name: Haskell Slaughter Agent's Street Address: 1400 Park Place Tower  
2001 Park Place North  
City: Birmingham ST: AL Zip: 35203  
Phone #: 205-251-1000 Cell Phone #: \_\_\_\_\_ Fax # 205-324-1133  
Email Address: narchsy.com and/or ms@chsy.com

**AGENT AUTHORIZATION**

See Attached Authorization, agent, is hereby authorized as my legal representative and designated agent to speak in my behalf for the subject matter.

\_\_\_\_\_  
Signature of the property owner

\_\_\_\_\_  
Signature of the property owner

**NOTARIZATION FOR AGENT'S SIGNATURE**

\_\_\_\_\_  
NOTARY PUBLIC

*Thank you for the time and effort involved in the completion of this application. Your diligence will help to ensure that your application is reviewed as efficiently and effectively as possible.*

**DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT**

The undersigned owner/owners of the property described in the application hereby designate Haskell, Slaughter as the authorized agent/attorney-in-fact with the following powers and authority to do all things that may be required in order to apply for a variance/rezoning on said property including but not limited to completion and execution of applications, receipt of notices, execution of acknowledgements, attendance and presentations of evidence at all hearings and execution of agreements.

Onice Davis Coppage  
OWNER

Onice Davis Coppage  
OWNER

5372 GA Hwy 122 E  
ADDRESS

Hahira, GA 31632-2009

(229) 794-2023  
TELEPHONE NUMBER

**AUTHORIZED AGENT / ATTORNEY-IN-FACT**


Haskell, Slaughter Law Firm  
NAME

1400 Park Place Tower, 2001 Park Place North  
ADDRESS

Birmingham, AL 35203

(205) 251-1000  
TELEPHONE NUMBER

  
WITNESS

  
WITNESS

State of Georgia

I, the undersigned Notary Public, hereby certify that Anice Cippage, whose name(s) is/are signed to the foregoing DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT has/have acknowledged to me under oath that they have read and understand the foregoing and executed same before me on this day.

Given under my hand and Official Seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*Sandra L. Densmore*

Sandra L. Densmore

Commission Expires

**SANDRA L DENSMORE  
NOTARY PUBLIC  
CHEROKEE COUNTY  
STATE OF GEORGIA  
My Commission Expires March 18, 2011**



**STATE OF GEORGIA** )  
 )  
**COUNTY OF LOWNDES** )

**AFFIDAVIT OF ONICE DAVIS COPPAGE**

Before me, the undersigned a Notary Public, in and for said State in said County, did personally appear **Onice Davis Coppage**, who under oath, states and avers as follows:

1. My name is Onice Davis Coppage. I am over 21 years of age and a resident citizen of Lowndes County, Georgia.
2. I am the owner of real property located in Lowndes County, Georgia, tax parcel number 0101-044 and more particularly described as Exhibit "A" attached hereto (hereinafter referred to the "Property").
3. My mother, Mille Davis, conveyed the Property to me on or about November 27, 1959, but reserved "full right to use said property and to have and enjoy the proceeds thereof for and during her natural life" and retained "the right and privilege to remove or to sell and convey all timber on said land."
4. My mother, Mille Davis, died on or about 3/28/1982, and I am the owner of the Property.

*Onice Davis Coppage*  
**ONICE DAVIS COPPAGE**

**STATE OF GEORGIA** )  
 )  
**COUNTY OF LOWNDES** )

I, the undersigned authority, a Notary Public, in and for said County, in said State, hereby certify that, **Onice Davis Coppage**, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the foregoing Affidavit, she, after being duly placed under oath by me, swore to, subscribed and executed the said Affidavit as a free and voluntary act on the day the same bears date.

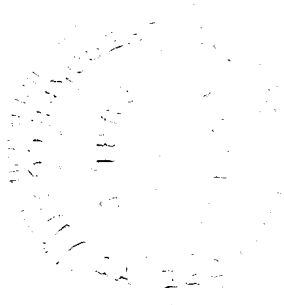
GIVEN under my hand and seal this \_\_\_ day of \_\_\_\_\_, 200\_\_.

[NOTARIAL SEAL]

Notary Public: *Sandra L Denmore*

Print Name: Sandra L Denmore

My Commission Expires: 3/18/2011



**SANDRA L DENSMORE  
 NOTARY PUBLIC  
 CHEROKEE COUNTY  
 STATE OF GEORGIA  
 My Commission Expires March 18, 2011**

STATE OF GEORGIA )

COUNTY OF \_\_\_\_\_ )

AFFIDAVIT OF Gay Davis

Before me, the undersigned a Notary Public, in and for said State in said County, did personally appear \_\_\_\_\_, who under oath, states and avers as follows:

1. My name is GAY W. DAVIS. I am over 21 years of age and a resident citizen of Lowndes County, Georgia.
2. I knew Millie Davis during her lifetime.
3. Millie Davis is no longer living. She died on or ~~about~~ 3/28/1982.

Print Name: GAY W. DAVIS

STATE OF GEORGIA )

COUNTY OF \_\_\_\_\_ )

I, the undersigned authority, a Notary Public, in and for said County, in said State, hereby certify that, Gay Davis, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the foregoing Affidavit, s/he, after being duly placed under oath by me, swore to, subscribed and executed the said Affidavit as a free and voluntary act on the day the same bears date.

GIVEN under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

[NOTARIAL SEAL]

Notary Public: Sandra L. Densmore

Print Name: Sandra L. Densmore

My Commission Expires: 03/18/2011

SANDRA DENSMORE  
NOTARY PUBLIC  
CHEROKEE COUNTY  
STATE OF GEORGIA  
My Commission Expires March 18, 2011

STATE OF GEORGIA )  
COUNTY OF \_\_\_\_\_ )

AFFIDAVIT OF Michael Davis

Before me, the undersigned a Notary Public, in and for said State in said County, did personally appear \_\_\_\_\_, who under oath, states and avers as follows:

1. My name is H. Michael DAVIS. I am over 21 years of age and a resident citizen of Lowndes County, Georgia.
2. I knew Millie Davis during her lifetime.
3. Millie Davis is no longer living. She died on or about 3/28/1992.

Print Name: H. Michael DAVIS

STATE OF GEORGIA )  
COUNTY OF \_\_\_\_\_ )

I, the undersigned authority, a Notary Public, in and for said County, in said State, hereby certify that, Michael Davis, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the foregoing Affidavit, s/he, after being duly placed under oath by me, swore to, subscribed and executed the said Affidavit as a free and voluntary act on the day the same bears date.

GIVEN under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

[NOTARIAL SEAL]

Notary Public: Sandra L Denismore

Print Name: Sandra L Denismore

My Commission Expires: 3/18/2011

SANDRA L DENSMORE  
NOTARY PUBLIC  
CHEROKEE COUNTY  
STATE OF GEORGIA  
My Commission Expires March 18, 2011

