

City of Camilla
P.O. Box 328
Camilla, Georgia 31730



Phone: (229) 336-2207
Fax: (229) 330-2230
www.camillaga.net

ZONING APPLICATION

1. DATE: _____ *APPLICATION FEE: \$75.00 _____
2. APPLICANT NAME: _____
3. MAILING ADDRESS: _____
4. PHONE NUMBER: _____ EMAIL: _____
5. PROPERTY LOCATION: _____
6. MAP/PARCEL (attach legal description): _____
7. CURRENT ZONING CLASSIFICATION: _____
8. PROPOSED ZONING CLASSIFICATION: _____
9. ACREAGE FOR REZONING: _____

- | | |
|--|--|
| <input type="checkbox"/> ZONING CHANGE | <input type="checkbox"/> HARDSHIP |
| <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> ANNEXATION SITE |
| <input type="checkbox"/> ZONING VARIANCE | <input type="checkbox"/> PLAN SUBMITTAL |
| <input type="checkbox"/> HOME OCCUPATION | |

A plat/sketch of the area is required for all applications.

10. HAS THERE BEEN A REQUEST FOR REZONING PREVIOUSLY? YES NO
IF YES, WHEN AND ACTION TAKEN: _____

11. IS CITY WATER AND SEWER AVAILABLE TO PROPERTY? YES NO

ZONING CHANGE INFORMATION

Specifically explain your request for a zoning change and describe changes that have occurred in the area to indicate justification for a change in zoning. _____

VARIANCE INFORMATION

Describe any unusual property conditions with regard to size, shape, location, and/or topography which justify the variance. _____

ANNEXATION INFORMATION

Describe reason for change. _____

HARDSHIP INFORMATION

HEALTH DEPARTMENT APPROVAL MEDICAL JUSTIFICATION (attach both)

PERSON TO RESIDE IN 2nd RESIDENCE: _____

RELATIONSHIP: _____

PRESENT ADDRESS: _____

PHONE NUMBER: _____

HOME OCCUPATION INFORMATION

SPECIFICALLY DESCRIBE PURPOSE OF THE HOME OCCUPATION AND BUSINESS TYPE TO BE CONDUCTED. _____

CONDITIONAL USE INFORMATION

SPECIFICALLY DESCRIBE REASON FOR CONDITIONAL USE REQUEST. _____

SITE PLAN SUBMITTAL

HIGHWAY COMMERCIAL DISTRICT (C-3)

STAMPED PLANS REQUIRED

ADDITION TO EXISTING BUILDING

NEW CONSTRUCTION

STORAGE BUILDING

(Planning & Zoning Administrator
Approval Only)

All site plans due two (2) weeks prior to a regularly scheduled meeting.

APPLICATION FEE IS NON-REFUNDABLE

Applicant or representative must be present for Planning Commission Meeting and Council Meeting for re-zoning and/or conditional use applications. If applicant/representative is not in attendance for the meetings application becomes void and a new application will require completion.

I
N
I
T
I
A
L

_____ I have or have not made campaign contributions having an aggregate value of \$25.00 or more, or made gifts having an aggregate value of \$250.00 or more, to an official of Mitchell County or the City of Camilla within two (2) years of this application.

_____ I certify I am the owner, or legal agent/representative of the owner in fee simple, of the property described herein.

_____ I certify as a tenant of the property described herein I have attached written permission from the property owner or legal agent/representative to submit the request contained herein.

Additionally the signature below acknowledges receipt of instructions for filing a Zoning Application and a copy of Zoning Polices for the City of Camilla.

APPLICANT

WITNESS

DATE

DATE

*Application Fee Not Required for Site Plan Submission

OFFICE USE ONLY	
RECEIVED BY: _____	
DATE PAID: _____	
<input type="checkbox"/> CHECK #: _____	<input type="checkbox"/> CASH <input type="checkbox"/> DEBIT/CREDIT
<input type="checkbox"/> OTHER: _____	