



INSTRUCTIONS FOR FILING TIFT COUNTY REZONING / TEXT AMENDMENT APPLICATION

Application # _____ **Map/Parcel #** _____ **Paid Ck # or Cash** _____

Date Received _____

Dear Citizens:

Attached please find the required rezoning application. This application must be filed in the office of the Zoning Administrator by _____, in order to be heard by the Greater Tift County Planning and Zoning Commission on the 2nd Thursday of the following month and the Public Hearing by the Tift County Board of Commissioners is on the 2nd Monday of the following month for Tift County applications.

THE BELOW ITEMS ARE THE RESPONSIBILITY OF THE APPLICANT.

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1. Application fee of \$250.00
2. A typed legal description of the property to be zoned. (Must show measurements and coordinate with attached plat.)
3. One plat of the property. (This plat must be to scale indicating flood zone, wetlands and other pertinent information.) NOTE: Recorded plats are required before any permits can be issued.
4. A proposed site plan. (This can be a hand drawn plan showing locations of driveways, building locations, parking, landscaped areas, required setbacks, and proposed streets.)
5. Any material that may be needed to help describe your project. (This may be pictures of residence, mobile home, land, or buildings.)
6. Contact Environmental Health Department or the Tifton/Tift County Utility Dept to verify that the site will be approved for water and sewer service.

THE ITEMS LISTED BELOW ARE THE RESPONSIBILITY OF STAFF.

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1. A letter from the Environmental Health Department. Providing water and sewer approval if in the County, or a Letter from the Tifton/Tift County Utilities Department, if public utilities are required/available.
2. A letter from the Tift County Engineer (showing flood zone, wetlands and other information that the County Engineer might need for consideration.)

SPECIAL NOTE:

The staff is directed by the Greater Tift County Planning and Zoning Commission to prepare a Staff Report to accompany each application. Such report is prepared and sent to the commission 6 days prior to their scheduled meeting, and is available for your reviewing at that time. You may receive a copy of the staff report anytime after the minutes of a meeting have been approved and they are considered public records.

YOUR APPLICATION WILL BE HEARD AS FOLLOWS AND YOUR PRESENCE OR THAT OF YOUR AGENT IS REQUIRED AT EACH MEETING:

PLANNING COMMISSION: DATE: _____ PLACE: Charles Kent Admin Bldg. Room 207 at 6:00 P.M

TIFT COUNTY COMMISSION DATE: _____ PLACE: Charles Kent Admin. Bldg. Room 207 at 6:00 PM

If you have any questions concerning this application, please call the Zoning Administrator at 229-386-7965

Your signature below acknowledges receipt by the applicant and/or his duly authorized representative of the above referenced dates.

Signature: _____ **Print** _____

Date _____

TO: The Greater Tift County Planning and Zoning Commission
Tift County Board of Commissioners

I (We), the undersigned do hereby respectfully make application and petition the Tift County Board of Commissioners to consider a requested amendment to the Tift County Zoning Ordinance and/or change the Official Zoning Map of Tift County as herein requested. In support of this application, the following facts are show:

1. The property sought to be Rezoned or a proposed Text amendment: is owned by
NAME: _____
ADDRESS: _____ City _____
STATE _____ ZIP _____ PHONE NUMBER W/AREA CODE: _____
E-Mail _____
2. The location and size of property sought to be Rezoned is located: closest address,(beside, in front or across) from _____ and has frontage of _____ feet and dept of _____ feet.
Total area of location is _____ square feet or a total of _____ acres.
3. The current zoning is _____, and the proposed change requested is _____
4. Has any prior application to rezone this property been made?
Yes _____ No _____

If yes, application number and date: _____
Action (decision) of the Board of Commissioners: _____
5. It is proposed that the property will be put to the following use:

6. It is proposed that the following building will be constructed _____

7. Does the property currently have an existing building on site? _____

If yes, what is the use? _____

Will existing structure be demolished or renovated for use? _____

8. Has applicant made, within two (2) years immediately preceding the filing of this application for a map Amendment, a campaign contribution aggregating \$250 or more to any member of the Board of Commissioners?
Yes _____ NO _____

If answer is yes, the following information is required:

Name of local government official to whom made _____
Amount and date of each contribution made by applicant _____

8a. In the event that no such gift or contributions were made, the applicant shall affirm by signing this space _____

8. The wording of the existing text that is to be changed, including the section and what Ordinance it is quoted from: _____

9. The wording to be added or deleted to the existing text: _____

Signature, Owner

Signature, Authorized Agent for Applicant
or Owner of property

Print, Owner

Print, Authorized Agent

Address

Address

City Zip State

City ZIP State

Telephone (area code)

Telephone (area code)

E-Mail

E-Mail

CERTIFICATE OF OWNERSHIP

I (We) _____

do hereby certify that I (We) do, in fact, have proper standing to execute this rezoning application as I (We) are owners of the below described property:

1. _____
2. _____
3. _____
 Owner(s)

1. _____
2. _____
3. _____
 Agent(s)

1. _____
2. _____
3. _____
 Address

1. _____
2. _____
3. _____
 Address

1. _____
2. _____
3. _____
 Telephone

1. _____
2. _____
3. _____
 Telephone

1. _____
 E-Mail

1. _____
 E-Mail

2. _____
 E-Mail

2. _____
 E-Mail

3. _____
 E-Mail

3. _____
 E-Mail

 Date

 Date

AGENT'S CERTIFICATION

For the purpose of this application, I (We) hereby appoint the following named individual(s) as our duly authorized agents(s):

1. _____

2. _____

3. _____

Owner(s)

1. _____

2. _____

3. _____

Address

1. _____

2. _____

3. _____

Telephone

1. _____

E-Mail

2. _____

E-Mail

3. _____

E-Mail

Date

1. _____

2. _____

3. _____

Agent(s)

1. _____

2. _____

3. _____

Address

1. _____

2. _____

3. _____

Telephone

1. _____

E-Mail

2. _____

E-Mail

3. _____

E-Mail

Date