

**APPLICATION FOR ZONING / REZONING MAP AMENDMENT
Or ALTERATION OF ZONING CONDITIONS (PUO/PDR)**

**Department of Community Development
City of Tifton, Georgia**

Staff Section

Application Number: _____ **Date Submitted:** _____

This application is made for the following reason(s):

Check All Applicable request(s):

- ___ **Rezoning / Zoning Map Amendment** (Complete subsection A and C below)
- ___ **Alteration of Zoning Conditions PDO/PDR** (Complete subsections B and C below)

Name of Subject Property Owner: _____

Name of Applicant if different from Property Owner: _____

(If applicant differs from owner, notarized written permission of owner must be attached hereto. See PG 12)

Address of Applicant: _____

Telephone: Home/Cell: _____ Work: _____

Subject Property Description:

Land Lot(s): _____ **District:** _____ **Section:** _____

Frontage (feet): _____ **Depth (feet):** _____ **Area:** _____ (acres/square feet)

Street Address/Road Name: _____

Tax Property Record Card ID# (obtained from Tax Assessor's Office): _____

The subject property deed is recorded in Book _____, Page _____, in the office of the Clerk of Superior Court, Tift County.

IMPORTANT: A Plat or Survey which accurately depicts property and legal description of the subject property must be submitted with application. An incomplete application will not be accepted. A completed application will include fees in the amount of \$200.00.

A. REZONING (ZONING MAP AMENDMENT)

Applicant for Rezoning (Zoning Map Amendments) shall complete and provide the following minimum information. Additional information may also be required by the Zoning Administrator:

It is requested that the subject property be rezoned from _____ Zone to _____ Zone
(Current) (Proposed)

1. Reason for requested zoning change: (Be Specific)

Any prior zoning request on this property? Yes _____ No _____

IF yes: Name of Applicant: _____

Application No: _____

Date of Public Hearing: _____

2. Notice requirements of Section II shall be completed.

3. Disclosure form in Section III shall be completed by owner, applicant, and all representatives.

4. The following shall be completed:

a. Submit One (1) copy of a plat, drawn to scale, showing north arrow land lot and district, the dimensions, acreage and location of the tract, and existing and intermediate regional floodplains and structures, as shown on the Federal Emergency Management Agency FIRM rate maps for the City of Tifton, prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid. The preparer's seal shall be affixed to the plat. The plat shall also indicate the neighboring property owners by number, as listed below (See Section II).

b. If request is for PDR (Planned Development Rural) or PDO (Planned Development Overlay), a Site Plan is required with application. See the PDR District Section and PDO Section of the Zoning Ordinance for Site Plan requirements at https://library.municode.com/ga/tifton/codes/code_of_ordinances.

c. Submit a copy of recorded covenants or restrictions, if applicable.

d. Submit a copy of the Tax Property Record Card for the parcel from the Tax Assessor's Office. (For Office Use Only)

e. Submit a letter from the City of Tifton's Water Department with the application stating that an adequate public water supply is available to the property as well as sanitary sewer.

5. Complete Standards for the Exercise of the Zoning Power in Section C below.

B. ALTERATIONS OF ZONING CONDITIONS PUO/PDR

1. **Applicants for Alteration of Zoning Conditions (PUO/PDR) shall complete the following (submit additional sheets for multiple conditions on the same property):**

Original Rezoning Application Number: _____ Date: _____

Existing Zoning Condition (attach separate sheet if necessary): _____

Requested alteration (if request is to delete existing condition, so state):

Reason for requested alterations of zoning condition: _____

2. **Notice requirements of Section II shall be completed.**
3. **Disclosure form in Section III shall be completed by owner, applicant, and all representatives.**
4. **The following shall be submitted with the application:**
- a. One (1) copy of a plat, drawn to scale, showing north arrow, land lot and district, the dimensions, acreage and location of the tract, and existing and intermediate regional floodplains and structures, as shown on the Federal Emergency Management Agency FIRM rate maps for the City of Tifton, prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid. The preparer's seal shall be affixed to the plat. The plat shall also indicate the neighboring property owners by number, as listed below (See Section II).
 - b. Copy of recorded covenants or restrictions, if applicable.
 - c. A copy of the Tax Property Record Card for the parcel from the Tax Assessor's Office. (For Office Use Only)
 - d. A list of any zoning conditions proposed by the applicant.
5. **Please complete Standards for the Exercise of the Zoning Power as Section C below.**
(Please contact the Department of Community Development for application deadline information 229-391-3950)

C. STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER

Applicants for rezoning, and amending zoning conditions, should answer these questions:

(1) What is the existing land uses of the subject property?

(2) What is the existing land uses of surrounding properties?

(3) Is the subject property land use consistent with the current zoning?

(4) Does the existing zoning negatively impact the value of the property? Please explain.

(5) Does the property have any reasonable economic use as currently zoned?

(6) If the property is vacant, how long has it been vacant?

(7) Is the proposed zoning classification suitable with the use and development of adjacent and nearby properties?

(8) Will the proposed zoning adversely affect the use of adjacent or nearby properties?

(9) Will the requested zoning result in a use of which could cause an excessive or burdensome use of existing streets, transportation, facilities, utilities, or schools?

(10) Are there other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal?

(Please contact the Department of Community Development for application deadline information 229-391-3950)

SECTION II. DISCLOSURES

1. DISCLOSURES REQUIRED OF OWNER, APPLICANT, AND REPRESENTATIVES (each person to file separate form)

The following disclosures are required from each of the following persons: the owner; the applicant if the applicant is different from the owner, and any representative of the owner or applicant.

Pursuant to the Conflict of Interest in Zoning Act, O.C.G.A § 36.67A-1 et seq., any applicant of this rezoning who has made, within two years immediately preceding the filing of the application, campaign contributions aggregating \$250.00 or more to the Mayor, City Council or any Planning Commission member, should file an OPPONENT OF REZONING ACTION COAMPAIGN DISLOSURE REPORT, showing the contribution amount(s) and date(s). Such disclosure should be filed at least five calendar days prior to the Planning Commission's hearing. **Violation of this Act shall not affect the validity of the rezoning, but such action may be a misdemeanor under O.C.G.A. § 36-67A-4.**

Have you, as owner, applicant, or representative of owner or applicant, made a campaign contribution to the Mayor, any Council Member or any member of the Planning Commission within two years immediately preceding the filing of this application aggregating \$250.00 or more or made a gift to any of the above having an aggregate value of \$250.00?

_____ YES

_____ No

If Yes: (1) The name of the Official _____

(2) The dollar amount and date of each campaign contribution made by the applicant to the local government official named above during the two years immediately preceding the filing of the application.

(3) The value and description of each gift having a value of \$250.00 or more during the two years immediately preceding the filing of this application.

Sworn and subscribed before me,
this ____ day of _____, 20__.

Notary Public
My Commission expires: _____

PRINTED Name of Applicant

SIGNATURE of Applicant

Date

SECTION III. OATH AND FEES

All applicants are to complete the following:

I hereby swear that all above information is true and correct to the best of my knowledge.

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

Notary Public
My Commission expires: _____

PRINTED Name of Applicant

SIGNATURE of Applicant

Date

Applicants should be present at both the Planning Commission Hearing and the City Council's Hearing.

This application and the accompanying fee must be submitted to the City of Tifton, Department of Community Development Administrative Assistant. Applications shall not be accepted without the applicable fee.

(Please contact the Department of Community Development for application deadline information 229-391-3950)

AGENT'S CERTIFICATION

(This form is to be used if you have an agent representing you)

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

Agent(s)

Address

Telephone Number

Cell Number

Email

Date

Sworn and subscribed by me

Notary Public

This _____ day of _____, 20__.

Owner(s)

Address

Telephone Number

Cell Number

Email

Date

Sworn and Subscribed by me

Notary Public

This _____ day of _____, 20__.