

City of Moultrie
Moultrie-Colquitt County Planning Commission
Request for Rezoning

PLEASE PRINT

DATE: _____

Zoning Ordinance Article Number _____ Section _____

CHANGE ZONING CLASSIFICATION FROM _____ TO _____

ADDRESS OF PROPERTY TO BE REZONED: _____

Land Lot Number: _____ of the 8th Land District of Colquitt County, Georgia.

Application must be filed by 10:00 a.m. on the second Friday of the month prior to the next scheduled Moultrie-Colquitt County Planning Commission Meeting.

Deadline date for applicant to turn in ALL applications and supplementary materials: _____

Moultrie-Colquitt County Planning Commission Meeting Date: _____

City Council 1st and 2nd Readings Date: _____

City Council 3rd and Final Readings Date: _____

Required Paperwork:

_____ Fill out Request for Rezoning (Planning and Community Development Department; Municipal Annex—200 1st Street NE)

_____ Warranty Deed (filed and recorded at courthouse) with legal description granting title to current Owner)

_____ Legal description of property

_____ Surveyed Plat of the property—No larger than 11" x 17"

_____ Fee required, made payable to the City of Moultrie

_____ Other Documents: _____

APPLICANT/OWNER:

Name: _____

Mailing Address: _____

Telephone (W): _____ Telephone (H): _____

In the last year have you contributed more than \$250.00 to the campaign of an elected official? _____. *If yes, attach a disclosure report with the City of Moultrie. The name and official position of the local government official to whom the campaign contribution was made; and the dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.*

REPRESENTED BY: (if applicable)

Name: _____

Mailing Address: _____

Telephone (W): _____ Telephone (H): _____

In the last year have you contributed more than \$250.00 to the campaign of an elected official? _____. *If yes, attach a disclosure report with the City of Moultrie.*

1. This property is located on the _____ side of _____ and lies
between _____ and _____.
North/South/East/ West Street Name
Street Name Street Name

2. Property to be Rezoned:
Lot Frontage _____ feet Lot Depth _____ feet Square footage/Acres _____
Improved _____ Unimproved _____
Use of Buildings: Residential _____ Commercial _____ Industrial _____

3. Will this property be used for a halfway house, drug rehabilitation center, or other facility for treatment of drug dependency?
 Yes No Explain: _____

4. Is the proposed zoning suitable of the use and development of adjacent or nearby property?
 Yes No Explain: _____

5. Will the proposed zoning adversely affect the existing use of adjacent or nearby property?
 Yes No Explain: _____

6. Does the property affected by the proposed zoning have a reasonable economic use as currently zoned?
Yes No Explain: _____

7. Will the zoning decision result in a use which will or could cause an excessive use of existing streets, utilities or schools?
Yes No Explain: _____

8. Does this rezoning request conform to the policies and intent of the Comprehensive Plan?
Yes No Explain: _____

9. Do other conditions exist that affect the use and development of the property in question and support either approval or denial of the zoning request?
Yes No Explain: _____

10. Purpose for Request for Rezoning: _____

In order that the general health, safety, and welfare of the citizens of the City of Moultrie may be preserved and substantial justice maintained, I (we) the undersigned respectfully request the aforementioned rezoning in connection with the property herein described. I (we) hereby certify that I am the owner, or legal agent of the owner, in fee simple of the above-described property.

Owner/Authorized Agent

Witness

1. ADJACENT PROPERTY ZONING CLASSIFICATION AND CURRENT USE:

Property to the NORTH: Zoning Classification: _____
Current Use: Residential Commercial Industrial Vacant

Property to the SOUTH: Zoning Classification: _____
Current Use: Residential Commercial Industrial Vacant

Property to the EAST: Zoning Classification: _____
Current Use: Residential Commercial Industrial Vacant

Property to the WEST: Zoning Classification: _____
Current Use: Residential Commercial Industrial Vacant

2. BUFFER REQUIREMENTS (If Needed):

A landscape buffer/open space along and between the adjacent properties will be provided as follows:

NORTH _____

SOUTH _____

EAST _____

WEST _____

3. Is the property in a Historic District? _____

4. Is the property in a Flood Zone? _____

5. Are there any Code Violations on file on this property with the City? _____

If yes, please explain _____

Completed by: _____ on _____, 20____.