

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

Date: \_\_\_\_\_ Zoning Ordinance Article Number: \_\_\_\_\_ Section: \_\_\_\_\_

Change zoning from: \_\_\_\_\_ to: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

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

Address of property to be rezoned: \_\_\_\_\_

**Required Paperwork:**

Warranty Deed with legal description granting title to current owner

Legal description of property

Surveyed plat of the property

A site plan drawn to scale

The locations and dimensions of each building and the square footage of each building or each use

The layout and location of off-street parking, total number of spaces. Ingress and egress location and dimensions, driving lanes, pedestrian ways, sidewalk, curb lines, loading and unloading zones and screening walls, if required

Topography

Proposed method of water supply, sewage disposal, and storm drainage

All proposed uses of the property to be developed

Typical elevations front, side, and rear of all buildings to be developed

\$700 fee required, made payable to the City of Moultrie

**Other Documents:**



**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 Rezoning Request:

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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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner (Print Name)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**Application must be filed by the second Friday of the month prior to the next scheduled Moultrie - Colquitt County Planning Commission Meeting.**

**The Moultrie - Colquitt County Planning Commission meets the second Monday of every month at 6:00 p.m. in the City of Moultrie Municipal Building.**

**The City of Moultrie City Council meets every 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of every month.**

**The City of Moultrie City Council will meet the following scheduled meeting Tuesday for the 1<sup>st</sup> and 2<sup>nd</sup> Readings.**

**The City of Moultrie City Council will meet the subsequent meeting Tuesday for the 3<sup>rd</sup> and Final Reading.**

**1. ADJACENT PROPERTY ZONING CLASSIFICATION AND CURRENT USE:**

Property to the NORTH: Current Use:	Zoning Classification: _____ Residential    Commercial    Industrial    Vacant
Property to the SOUTH: Current Use:	Zoning Classification: _____ Residential    Commercial    Industrial    Vacant
Property to the EAST: Current Use:	Zoning Classification: _____ Residential    Commercial    Industrial    Vacant
Property to the WEST: Current Use:	Zoning Classification: _____ 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?    YES    NO

4. Is the property in a Flood Zone?    YES    NO

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

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_.