



**REZONING REQUEST
MOULTRIE-COLQUITT COUNTY
PLANNING COMMISSION**

200 1st Street N.E., Moultrie, GA 31768

P: 229-668-7223 F: 229-668-7650

www.moultriega.com

Please type or print application.

Property Information

Date: _____ Parcel ID: _____ Land Lot No.: _____ of the 8th Land District of Colquitt County, Georgia.

Address of Property to be Rezoned: _____

City: _____ State: GA Zip: _____

Rezone From – Current Zoning Article No.: _____ Current Zoning District: _____

To – Proposed Zoning Article No.: _____ Proposed Zoning District: _____

This Property is located on the _____ side of _____ and lies
North/South/East/West *Street Name*

between _____ and _____.
Street Name *Street Name*

Lot Frontage: _____ Lot Depth: _____ Square Footage: _____ Acreage: _____
Feet *Feet*

Unimproved Improved Residential Commercial Industrial

Will this property be used for a halfway house, drug rehabilitation center, or other facility for treatment of drug dependency?

Yes No

Explain: _____

Is the proposed rezoning a suitable use, and is the development compatible with adjacent or nearby properties?

Yes No

Explain: _____

Will the proposed rezoning adversely affect the existing use of adjacent or nearby properties?

Yes No

Explain: _____

Does the property affected by the proposed rezoning have a reasonable economic use as currently zoned?

Yes No

Explain: _____

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: _____

Does this rezoning request conform to the policies and intent of the Comprehensive Plan?

Yes No

Explain: _____

Do other conditions exist that affect the use and development of the property in question and support either approval or denial of the rezoning request?

Yes No

Explain: _____

What is the purpose for this rezoning request?

Property Owner(s)

Property Owner: _____

Property Owner's Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner's Phone: _____ Email: _____

Agent/Contact Person

Name/Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Campaign Contribution

Owner/Agent

In the last year, have you (Owner and or Agent) contributed more than \$250.00 to the campaign of a local elected official?

Yes No *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.

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.

For additional information, contact the City of Moultrie Planning & Community Development Department at (229) 668-7223

Applicant Affidavit

Personally appeared before me _____ who on oath deposes and states that the
(Applicant's Name)
information contained in this application is true to the best of his/her knowledge and belief:

Notary Public

Signature of Applicant

Date

Print Name

Owner Affidavit

Personally appeared before me _____ who on oath agrees with the rezoning
(Property Owner(s) Name)
request and states that the information contained in this application is true to the best of his/her knowledge and belief:

Notary Public

Signature of Owner (1)

Date

Print Name

Signature of Owner (2)

Print Name

Signature of Owner (3)

Print Name

Required Paperwork

Warranty Deed with legal description granting title to current owner

Legal description of property

Surveyed Plat of the property

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

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