



Development Services Department
Planning & Zoning
(912)754-2105; ZoningInfo@effinghamcounty.org

REZONING APPLICATION

All applications for Rezoning submitted to Effingham County Planning & Zoning will be reviewed by staff, and considered by the Planning Board and the Board of Commissioners. Incomplete applications shall not be considered, until all of the following items are submitted to and accepted by Planning & Zoning. A complete submission consists of the following:

- Application Form (Attachment A)**
- Ownership Certification (Attachment B)**
- Authorization of Property Owner, if applicable**
- Deed**
- Last Recorded Plat/Proposed Plat/Site plan, if applicable (see Attachment C)**
- Health Department Letter (for properties using private water & sewer)**
- Any other supporting material or information requested**
- Application Fee - \$200.00**

PLEASE CHECK OFF EACH ITEM LISTED ABOVE, TO INDICATE THAT
THE ITEM IS INCLUDED IN YOUR APPLICATION.

NOTE: PRIOR TO SUBMITTING THE APPLICATION TO PLANNING & ZONING,
CONTACT THE EFFINGHAM COUNTY HEALTH DEPARTMENT FOR HEALTH
DEPARTMENT REQUIREMENTS: 802 HWY 119 SOUTH / 912-754-6484

INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED.

Any communication purporting to be an application
shall be regarded as a mere notice of intent until such time
as application is made for the above prescribed contents.

APPLICATION FEES ARE NON-REFUNDABLE

Rev 05052021

ATTACHMENT A – REZONING AMENDMENT APPLICATION

Application Date: _____

Applicant/Agent: _____

Applicant Email Address: _____

Phone # _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Owner, if different from above: _____
Include Signed & Notarized Authorization of Property Owner

Owner's Email Address (if known): _____

Phone # _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Location: _____

Proposed Road Access: _____

Present Zoning of Property: _____ Proposed Zoning: _____

Tax Map-Parcel # _____ Total Acres: _____ Acres to be Rezoned: _____

Lot Characteristics: _____

WATER

____ Private Well

____ Public Water System

If public, name of supplier: _____

SEWER

____ Private Septic System

____ Public Sewer System

Justification for Rezoning Amendment: _____

List the zoning of the other property in the vicinity of the property you wish to rezone:

North _____ South _____ East _____ West _____

1. Describe the current use of the property you wish to rezone.

2. Does the property you wish to rezone have a reasonable economic use as it is currently zoned?

3. Describe the use that you propose to make of the land after rezoning.

4. Describe the uses of the other property in the vicinity of the property you wish to rezone?

5. Describe how your rezoning proposal will allow a use that is suitable in view of the uses and development of adjacent and nearby property?

6. Will the proposed zoning change result in a use of the property, which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools?

Applicant Signature: _____ Date _____

ATTACHMENT B - OWNERSHIP CERTIFICATION

I, (we) the undersigned, do hereby certify that I (we) own the property affected by the proposed Amendment to the Effingham County Zoning Ordinance by virtue of a deed date _____, on file in the office of the Clerk of the Superior Court of Effingham County, in Deed Book _____ page _____.

I hereby certify that I am the owner of the property being proposed for Rezoning Amendment Approval, and I have answered all of the questions contained herein and know the same to be true and correct. I hereby acknowledge that I have reviewed the application checklist, and further acknowledge that any omission of the items above will cause a delay in the review of my request.

Owner's signature _____

Print Name _____

Owner's signature _____

Print Name _____

Owner's signature _____

Print Name _____

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

Notary Public, State of Georgia

AUTHORIZATION OF PROPERTY OWNER

I, _____, being duly sworn upon his/her oath, being of sound mind and legal age deposes and states; That he/she is the owner of the property which is subject matter of the attached application, as is shown in the records of Effingham County, Georgia

I authorize the person named below to act as applicant in the pursuit of a Rezoning Amendment Approval. I acknowledge and accept that I will be bound by the decision of the Board of Commissioners, including any conditions, if the application is approved.

Name of Applicant/Agent: _____

Applicant/Agent Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Owner's signature _____

Print Name _____

Personally appeared before me _____ (Owner print)

Who swears before that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

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

Notary Public, State of Georgia

ATTACHMENT C - SITE PLAN REQUIREMENTS

All Rezoning submissions shall be accompanied by a site plan. This site plan shall be made on a scale in conformance with appropriate County Tax Maps and contain the following elements, as applicable (consult with Planning & Zoning staff to determine what features are required):

- A. Dimensions of the property involved
- B. Location and dimensions of existing and/or proposed structures with the type of usage designated
- C. Access drives
- D. Setbacks
- E. Easements
- F. Rights-of-way
- G. Proposed or existing water, sewer and drainage facilities
- H. Buffers
- I. Off-street parking
- J. Watercourses, lakes or swamps acres
- K. Loading areas, signage and outdoor lighting (in case of commercial and industrial development)
- L. Recreational areas (in case of residential development)
- M. Proposed number of dwelling units and net acres available for building (in case of residential development).