



EFFINGHAM COUNTY REZONING REQUEST PROCEDURE

All applications for rezoning shall be submitted to the Effingham County Zoning & GIS Office at least twenty-one (21) days prior to a Planning Board meeting (see submission deadline and Commissioners dates attachment E). Incomplete applications shall not be considered and therefore will not be reviewed, until all of the following items are submitted to and accepted by the Effingham County Zoning & GIS Office. A complete submission consists of the following.

- Application form, Attachment A**
- Ownership Certificate, Attachment B**
- 2 copies of deed**
- 4 copies of site plat, Attachment C**
- Health Department approval letter**
- Any other supportive material or information requested**
- Application Fee - \$140.00**

PLEASE CHECK OFF EACH ITEM LISTED ABOVE SHOWING THE ITEM IS INCLUDED IN YOUR APPLICATION. AN INCOMPLETE SUBMISSION WILL NOT BE CONSIDERED.

NOTE: CONTACT THE HEALTH DEPARTMENT PRIOR TO STARTING REZONING PROCESS FOR HEALTH DEPARTMENT REQUIREMENTS.

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.

ATTACHMENT A

EFFINGHAM COUNTY REZONING AMENDMENT FORMS

Applicant _____

Property owner(s) _____

Telephone Number () _____

Mailing Address _____

Property location _____

Present zoning _____

Proposed zoning _____

Present land-use _____

Proposed land-use _____

Tax Map # _____

Parcel # _____

Lot # _____

Total Acres _____

Acres to be rezoned _____

Lot characteristics _____

Water _____

Sewer _____

Proposed access _____

Justification _____

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?

ATTACHMENT B

EFFINGHAM COUNTY OWNERSHIP CERTIFICATION

I, (we) the undersigned, do hereby certify that I (we) 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 _____.

Owner's signature _____

Owner's signature _____

Owner's signature _____

ATTACHMENT C

EFFINGHAM COUNTY 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.

- 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).