



EFFINGHAM COUNTY
DEVELOPMENT PLAN REVIEW APPLICATION

PROJECT NAME _____

APPLICANT _____

MAILING ADDRESS _____

PHONE# _____

PROPERTY OWNER(S) _____

PROPERTY LOCATION _____

PRESENT ZONING _____

PRESENT LAND-USE _____

PROPOSED LAND-USE _____

Tax Map# _____ Parcel# _____ Total Acres _____

PROPOSED ACCESS _____

SIGNATURE _____

DATE _____

OWNER SIGNATURE (if different) _____



Official Use Only

Date Received _____

Received By _____

Fee _____