

# INSTRUCTIONS FOR FILING TIFTON/TIFT COUNTY REZONING/SPECIAL EXCEPTIONS/TEXT AMENDMENTS APPLICATIONS

Dear Citizens:

Attached please find the required rezoning/special exception application. This application must be filed in the office of the Zoning Administrator by \_\_\_\_\_ in order to be heard by the Greater Tift County Planning and Zoning Commission the 3<sup>rd</sup> Thursday of the following month and the Public Hearing by the Tift County Board of Commissioners is on the 2<sup>nd</sup> Monday of the following month for Tift County applications. Tifton City Council Public Hearing is the 1<sup>st</sup> Monday of each month for City of Tifton applications.

1. Application fee of \$200.00
2. A typed legal description of the property to be zoned. (Must show measurements and coordinate with attached plat.)
3. One plat of the property. (This plat must be to scale indicating flood zone, wetlands and other pertinent information.)
4. A proposed site plan. (This can be a hand drawn plan showing locations of driveways, building locations, parking, landscaped areas, required setbacks, and proposed streets.)
5. Any material that may need to help describe your project. (This may be picture of mobile home, land, and building.)
6. Contact the Environmental Health Department or the Tifton/Tift county Utility dept to verify that the site will be approved for water and sewer service.

**THE ABOVE ITEMS ARE THE RESPONSIBILITY OF THE APPLICANT.**

**THE ITEMS LISTED BELOW ARE THE RESPONSIBILITY OF STAFF.**

1. A letter from the Environmental Health Department. (Water and sewer approval if in the County. A Letter from the City of Tifton Utilities Department Director, if public utilities are required/available.)
2. Special Exception application to include adjoining property owners.

**SPECIAL NOTE:**

The staff is directed by the Greater Tift County Planning and Zoning Commission to prepare a Staff Report to accompany each application. Such report is prepared and sent to the commission 6 days prior to their scheduled meeting, and is available for your reviewing at the time. You may receive a copy of the staff report anytime after the minutes of a meeting have been approved and they are considered public records.

**YOUR APPLICATION WILL BE HEARD AS FOLLOWS AND YOUR PRESENCE OR THAT OF YOUR AGENT IS REQUIRED AT EACH MEETING:**

PLANNING COMMISSION:            DATE: \_\_\_\_\_ PLACE: Charles Kent Admn. Bldg Rm 207, 6:00 PM

TIFT COUNTY COMMISSIONERS: DATE: \_\_\_\_\_ PLACE: Charles Kent Admn. Bldg., Rm 207, 6:30 PM

TIFTON CITY COUNCIL:            DATE: \_\_\_\_\_ PLACE: City Hall at 7:00 PM

If you have any questions concerning this application, please call the Zoning Administrator at 386-7965.

The signature below acknowledges receipt by the applicant and/or his duly authorized representative of the above referenced date.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Applicant/Agent

DATE APPLICATION RECEIVED: \_\_\_\_\_  
APPLICATION NUMBER: \_\_\_\_\_  
MAP AND PARCEL #: \_\_\_\_\_

**REZONING/SPECIAL EXCEPTION APPLICATION/TEXT  
AMENDMENT**

TO: The Greater Tift County Planning and Zoning Commission  
Tift County Board of Commissioners

I (We), the undersigned do hereby respectfully make application and petition the Tift County Board of Commissioners/Tifton City Council to consider requested special exception or to amend the Tift County/City of Tifton Zoning Ordinance and to change the Official Zoning Map of Tifton/Tift County as hereinafter requested. In support of this application, the following facts are show:

1. The property sought to be Rezoned/seeking Special Exception/Text Amendements is owned by:  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State)  
PHONE NUMBER: \_\_\_\_\_

2. The property sought to be rezoned/seeking Special Exception is located  
at \_\_\_\_\_ Between \_\_\_\_\_ Road  
and \_\_\_\_\_ Road and has frontage of \_\_\_\_\_ feet and  
dept of \_\_\_\_\_ feet with an area of \_\_\_\_\_ square feet or \_\_\_\_\_ acres.

3. If rezoning application, it is desired and requested that the foregoing property be zoned  
from \_\_\_\_\_ to \_\_\_\_\_  
(Existing Classification) (Proposed Classification)

4. Has any prior application to rezone or for special exception on this property been made?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, application number and date: \_\_\_\_\_

Action of the Board of Commissioners or Tifton City Council: \_\_\_\_\_  
\_\_\_\_\_

5. It is proposed that the property will be put to the following use:  
\_\_\_\_\_  
\_\_\_\_\_

6. It is proposed that the following building will be constructed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building setbacks and off-street parking will be provided as per the ordinances.

7. Does the property currently have an existing building? \_\_\_\_\_

If yes, what is the use? \_\_\_\_\_

Will existing structure be demolished or renovated for use? \_\_\_\_\_

8. Has applicant made, within two (2) years immediately preceding the filing of the application for a map Amendment/special exception campaign contributions aggregating \$250 or more to any member of the Board of Commissioners, Tifton City Council, or Planning and Zoning Commission? Yes \_\_\_ NO \_\_\_

If answer is yes, the following information is required:

Name of local government official to whom made \_\_\_\_\_

Amount and date of each contribution made by applicant \_\_\_\_\_

8a. In the event that no such gift or contributions were made, the applicant shall affirm by signing this space \_\_\_\_\_

\_\_\_\_\_  
Signature, Owner

\_\_\_\_\_  
Signature, Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
City State

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

### CERTIFICATE OF OWNERSHIP

I (We) \_\_\_\_\_

do hereby certify that I (We) do, in fact, have proper standing to execute this rezoning/special exception application as I (We) are owners of the below described property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Owners(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Telephone

### AGENT'S CERTIFICATION

For this purpose of this application, I (We) hereby appoint the following named individual(s) as our duly authorized agents(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Agents(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Owner(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
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Address

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Telephone

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\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date