



Zoning Map Amendment Application

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Updated **SEPT 2023**

NOTICE TO APPLICANT

Applicant must submit the following information thirty at least thirty (30) days prior to the regularly scheduled meeting on the second and fourth Monday of each month (unless otherwise noted). Failure to submit any item, or any additional information that might be requested, on or before the deadline will result in the application being held until the next scheduled meeting of the Planning & Zoning Commission. Attach additional typed or printed sheets if necessary to fully answer any section.

- Filing fee payment. (See 2023 Schedule of Fees). Make checks payable to the City of Pooler.
- If using a PowerPoint presentation, email converted pdf to planning@pooler-ga.gov.
- A scaled plat showing dimensions, acreage, location of the tract(s), and utility easements prepared by a licensed architect/surveyor. Submit one (1) copy if 11" x 17" or smaller, sixteen (16) copies if larger.
- A legal description of property.
- A completed Campaign Contribution form
- A completed Zoning Map Amendment Standards acknowledgement of receipt
- A completed Property Owner Authorization form (if Agent is Applicant).
- A copy of current tax bill showing payment or a certification from the City of Pooler Tax Office stating taxes were paid.

OFFICE USE ONLY

Date Received: _____ File Number: _____

Hearing Date: _____ Adjacent Owner Letters Mailed: _____

Publication of Notice (15 days prior to hearing): _____

Action Approved Action Denied (copy of minutes disposing of this action are attached)

Action Result Mailed to Applicant: _____ Sign Posted: _____

Applicant Information

Owner/Authorized Agent Name

Phone

Owner/Authorized Agent Address

Email

Have any previous applications been made for a text or map amendment affecting these same premises? Y N

If yes, provide file number, date, and action taken: _____
(If exact file number, date, or action is not known, please give approximate date of previous application.)



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Action Requested

Property General Location (area), Street Number, and Location with Respect to Nearby Public Roads in Common Us

Legal description of the property (name of subdivision, block, and lot number) PIN

Present Zoning Classification	Requested Zoning Classification	Total Area (acres or sq ft)
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Property Owner Name (if same as applicant, leave blank)	Phone
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Property Owner Address	Email
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Existing Land Use (specify)	Proposed Land Use (specify)
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Reasons & Certifications

List all reasons for requesting change which would support the purposes of the zoning program.

Adjacent Property Owners

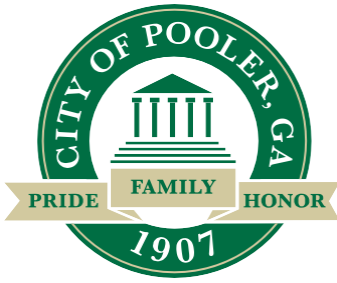
List all information for surrounding property owners' primary residence within a 200-foot radius of the property as of the date of filing. Include those directly across a public right-of-way. Attached additional sheets if necessary.

Name & Address (including zip code)

Name & Address (including zip code)

Name & Address (including zip code)

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Name & Address (including zip code)

Name & Address (including zip code)

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Affidavit

I have received and understand the list of actions required to amend the City of Pooler Zoning Map.

I understand the standards and any other factors relevant to promoting the public health, safety, and general welfare of the City of Pooler against unrestricted use of property will be considered, when deemed appropriate, by the aldermanic board in making any zoning decision.

I hereby certify that the above stated facts are true to the best of my knowledge, and that I am the Owner or Authorized Agent for the Owner of subject property.

Owner/Agent Name

Owner/Agent Signature

Date

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal