



# Zoning Map Amendment Application

Page 1 of 3

Updated **MAR 2026**

## 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](mailto: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: \_\_\_\_\_



# Zoning Map Amendment Application

Page 2 of 3

Updated **MAR 2026**

(If exact file number, date, or action is not known, please give approximate date of previous application.)

## 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)

Property Owner Name (if same as applicant, leave blank) Phone

Property Owner Address Email

Existing Land Use (specify) Proposed Land Use (specify)

## Reasons & Certifications

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

---

---

---

## Adjacent Property Owner Notification

At least seven (7) days prior, but not more than forty-five (45) days before the date of the public hearing, a notice setting forth the date, time, and place for such public hearing shall be sent by mail by the applicant to the property owner (if not the applicant) and all owners of property located adjacent to or across a public right-of-way from the property being proposed for a zoning action. Provide the names and addresses below (provide additional sheet if necessary).

Name & Address (including zip code) Parcel ID

Name & Address (including zip code) Parcel ID



# Zoning Map Amendment Application

Page 3 of 3

Updated **MAR 2026**

---

Name & Address (including zip code)

Parcel ID

---

Name & Address (including zip code)

Parcel ID

---

Name & Address (including zip code)

Parcel ID

---

Name & Address (including zip code)

Parcel ID

---

Name & Address (including zip code)

Parcel ID

---

Name & Address (including zip code)

Parcel ID

## 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