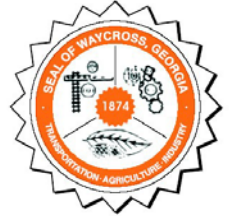


APPLICATION TO AMEND THE ZONING MAP

CITY OF WAYCROSS, GEORGIA
Department of Community Improvement
P.O. Drawer 99 * Waycross, Georgia 31502
(912) 287-2944, Office / (912) 287-2948, Facsimile
www.waycrossga.com



INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA

(Note: An incomplete application may delay the approval process.)

APPLICANT: _____ PHONE: _____

APPLICANT'S ADDRESS: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____ PHONE: _____

TAX MAP #: _____ BLOCK: _____ LOT: _____ FLOOD ZONE: _____

EXISTING ZONE: _____ REQUESTED ZONE: _____

PRESENT USE OF PROPERTY: _____

NATURE OF REQUEST: _____

_____ IF THE REQUESTED CHANGE IS TO EXTEND AN ADJACENT ZONING DISTRICT TO INCLUDE THIS PROPERTY, EXPLAIN BELOW WHY THE PROPOSED CHANGE SHOULD BE MADE.

_____ IF THE REQUESTED CHANGE IS NOT TO EXTEND AN ADJACENT ZONING DISTRICT, EXPLAIN BELOW WHY THIS PROPERTY SHOULD BE PLACED IN A DIFFERENT ZONING DISTRICT THAN ALL ADJOINING PROPERTY. (HOW DOES IT DIFFER FROM ADJOINING PROPERTY AND WHY SHOULD IT BE SUBJECT TO DIFFERENT RESTRICTIONS THAN THOSE APPLYING TO ADJOINING PROPERTY?)

THE APPLICANT MUST SUBMIT THE APPLICATION FEE (\$200 PER LOT OF RECORD) ALONG WITH THIS REQUEST, A COPY OF THE PROPERTY DEED SHOWING FULL METES AND BOUNDS, A STATEMENT SHOWING PROPERTY TAXES ARE PAID, AND A COPY OF THE PLAT OF SAID PROPERTY STAMPED BY A GEORGIA REGISTERED SURVEYOR.

THIS REQUEST FOR REZONING WILL BE FORWARDED TO THE WAYCROSS-WARE COUNTY PLANNING COMMISSION. YOU MAY BE SENT NOTIFICATION OF THE DATE, TIME AND LOCATION OF THE MEETING, WHICH YOU SHOULD ATTEND. THE PLANNING COMMISSION SHALL MAKE A RECOMMENDATION TO THE WAYCROSS CITY COMMISSION. A PUBLIC NOTICE WILL BE POSTED ON THE PROPERTY AND ADVERTISED IN THE LEGAL SECTION OF THE LOCAL NEWSPAPER GIVING THE DATE AND TIME OF THE PUBLIC HEARING TO BE HELD BY THE WAYCROSS CITY COMMISSION. NO OTHER NOTICE WILL BE SENT TO YOU REGARDING THE PUBLIC HEARING. FOR MORE INFORMATION, YOU MAY CONTACT THE DEPARTMENT OF COMMUNITY IMPROVEMENT AT (912) 287-2944.

SIGNATURE OF APPLICANT: _____ DATE: _____

<i>FOR OFFICE USE ONLY</i>	
Accepted By: _____	Date: _____
Fee: _____ Check #: _____	Cash Receipt: _____
APRIL 2008	
AFTER COMPLETION, MAKE ONE COPY FOR THE APPLICANT AND ONE COPY FOR WAYCROSS-WARE COUNTY PLANNING COMMISSION. ORIGINAL STAYS IN FILE.	