



CITY OF WAYCROSS, GEORGIA
DEPARTMENT OF COMMUNITY IMPROVEMENT
 P. O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502-0099
 Tele (912) 287-2944 – Fax (912) 287-2948 – www.waycrossga.com

**ESTABLISHMENT OF ZONING OF ANNEXED PROPERTY
 APPLICATION**

- INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA –
 (Note: An incomplete application may delay the approval process.)

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____ PHONE: _____

APPLICANT: _____ PHONE: _____

APPLICANTS ADDRESS: _____

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

EXISTING COUNTY ZONING DISTRICT: _____ REQUESTED CITY ZONING DISTRICT: _____

NATURE OF REQUEST: _____

IT HAS BEEN VERIFIED THAT THE APPLICANT PREVIOUSLY SUBMITTED AN ANNEXATION REQUEST TO THE CITY ENGINEERING DEPARTMENT ON _____. A COPY OF THE DEED DESCRIPTION AND A PLAT OF THE PROPERTY IS ATTACHED FOR YOUR REVIEW.

THIS REQUEST FOR ZONING WILL BE FORWARDED TO THE WAYCROSS-WARE COUNTY PLANNING COMMISSION. THE WAYCROSS-WARE COUNTY PLANNING DIRECTOR WILL SEND YOU 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: _____

<u>FOR OFFICE USE ONLY</u>	
Accepted by: _____	Date: _____
Fee: \$ 100.00	Check #: _____ Cash Receipt: _____
AFTER COMPLETION, MAKE ONE COPY FOR THE APPLICANT AND ONE COPY FOR WAYCROSS-WARE COUNTY PLANNING COMMISSION. ORIGINAL STAYS IN FILE.	