

City of Pooler

Zoning Map Amendment Application

Date: _____

File #: _____

Type or print and attach additional sheets if necessary to fully answer any of the following sections.

General Information

1. Name of owner/authorized agent: _____
2. Address of owner/authorized agent: _____
3. Telephone number of owner/agent: _____
4. Have any previous applications been made for a text or map amendment affecting these same premises? ___ Yes *or* ___ No
5. If yes, give file number, date and action taken: _____
(If exact file number, date or action is not known, please give approximate date of previous application.)

Action Requested

Information Required:

1. General location of property (the area) street number and location with respect to nearby public roads in common use: _____
2. Legal description of property (name of subdivision, block and lot number: _____

3. PIN #: _____
4. Zone Classification: Present _____ Requested: _____
5. Owner of property: (If same as applicant, leave blank) _____
6. Address of owner: _____
7. Telephone number of owner: _____
8. Total area of property: (acres or approximate sq. feet) _____
9. Existing land use (specify such as grocery store, single-family residence, vacant land, etc.) _____

10. Desire land use (specify such as residence, grocery store, mobile home park, etc.) _____

Reasons and Certifications

(Required for all amendments)

- Reasons for requesting change of zoning map which would support the purposes of the zoning program: _____

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Adjacent Property Owners

Name, address & zip codes of surrounding property owner's primary residence within a radius of 200 ft. of the property as of the date of filing. Include those directly across a public right-of-way.

- (Please list additional names on separate sheet)

Campaign Contributions

Have you made campaign contributions to one or more Pooler City Official(s), including any member(s) of the Planning Commission, during the past two years that when combined, total an amount greater than \$250.00?

- No**, I have not made campaign contributions to any Pooler City Official(s).
- Yes**, I have made campaign contributions to one or more Pooler City (Official(s)).

City Official	Title	Dollar Value	Description of Gift

I attest that all the information provided is true to fact _____
(Applicant's signature)

Date: _____

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Filing Requirements

Applicant must submit the following information 30 days prior to the regularly scheduled meeting on the second and fourth Monday of each month. 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.

- Filing fee (see schedule of fees). Make checks payable to the City of Pooler.
- For Power Point presentation, please e-mail PDF file on project to *kclassen@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 copy if 11" x 17" or smaller, 16 copies if larger.
- Legal description of property.
- Complete Campaign Contributions and Acknowledge receipt of Zoning Standards for Map Amendment.
- If Agent, Authorization of property owner, signed, dated and notarized.
- Copy of current tax bill showing payment or a certification from the City of Pooler Tax Office stating taxes were paid.

_____ I acknowledge receipt of Zoning Standards for a Map Amendment. I understand the standards and any other
initial 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 have received and understand the "checklist" of actions needed to amend the City of Pooler Zoning Map.

I hereby certify that the above stated facts are true to the best of my knowledge and I am the owner or authorized agent for the owner of subject property.

Sworn to and subscribed before me on this _____ day of _____ 20____.

Owner's or authorized agent's signature

Notary Public

Application Status

This portion to be completed by Zoning Administrator

- Hearing date has been set for: _____
- Notice published in newspaper on: _____ (15 days prior to hearing date)
- Letters of notification mailed to adjacent property owners on: _____
- This action was approved _____ or denied _____ (copy of minutes disposing of this action are attached).
- Notification of the results of this action mailed to the applicant on: _____
- Sign posted: _____