

**ZONING APPLICATION**  
**MITCHELL COUNTY PLANNING & ZONING DEPARTMENT**  
18 NORTH COURT STREET  
CAMILLA, GEORGIA 31730

PHONE (229) 336-2060  
FAX (229) 336-2362

THOMAS WADE  
ZONING ADMINISTRATOR

(A PLAT OR SKETCH OF THE AREA IS REQUIRED FOR ALL APPLICATIONS)

DATE: \_\_\_\_\_ APPLICATION NO: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

APPLICANTS MAILING ADDRESS: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_ (ATTACH LEGAL DESC.) MAP/PAR# \_\_\_\_\_

PRESENT USE OF PROPERTY: \_\_\_\_\_

ZONING CLASSIFICATION: PRESENT \_\_\_\_\_ PROPOSED \_\_\_\_\_ # OF ACRES FOR ZONING/REZONE \_\_\_\_\_

**ZONING CHANGE / CONDITIONAL USE / ZONING VARIANCE / LAND DIVISION VARIANCE**

<input type="checkbox"/> ZONING CHANGE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> ZONING VARIANCE
<input type="checkbox"/> RURAL BUSINESS	<input type="checkbox"/> HOME OCCUPATION	<input type="checkbox"/> LAND DIVISION VARIANCE

HAS THERE EVER BEEN A REQUEST TO REZONE PROPERTY?  YES  NO

IF SO, WHEN AND WHAT ACTION WAS TAKEN? \_\_\_\_\_

DOES THIS PROPERTY HAVE CITY WATER AND SEWER AVAILABLE?  YES  NO

WHY ARE YOU REQUESTING THE CHANGE/ VARIANCE? PLEASE BE DETAILED AND SPECIFY IN RELATION TO EXACTLY WHAT IS BEING REQUESTED FOR THE CHANGE/VARIANCE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HARDSHIP**

HEALTH DEPARTMENT APPROVAL \_\_\_\_\_ MEDICAL JUSTIFICATION \_\_\_\_\_ (ATTACH BOTH)

PERSON TO RESIDE IN MH-NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

**\*\*\* DISCLOSURE \*\*\***

I **HAVE** or **HAVE NOT** made campaign contributions having an aggregate value of \$250.00 or more to a member of the Mitchell County Board of Commissioners, Mitchell County Planning Commission, or any local government official who will be considering the request, within 2 years of this application.

I HEREBY CERTIFY THAT I AM THE OWNER, OR LEGAL AGENT OF THE OWNER, IN FEE SIMPLE OF THE ABOVE-DESCRIBED PROPERTY.

APPLICANT: \_\_\_\_\_ WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\* \$75.00 APPLICATION FEE IS NON-REFUNDABLE \*\*