

ZONING APPLICATION
MITCHELL COUNTY PLANNING & ZONING DEPARTMENT
18 NORTH COURT ST.
PO BOX 302
CAMILLA, GEORGIA 31730

PHONE (229) 336-2060
FAX (229) 366-2063

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 TO REZONE _____

ZONING CHANGE / CONDITIONAL USE / ZONING 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"/> HARDSHIP

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? PLEASE BE SPECIFIC. _____

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: _____

APPLICATION FEE IS NON-REFUNDABLE