Dooly County Zoning & Building Safety Office
113 N. Third Street Vienna, GA 31092
Phone # 229-268-4228 Email: zoning@doolycountyga.com

Application for Re-Zoning

Name of Applicant(s): _____

_____ Date: _____

Email: _____ Phone: _____ - _____ - _____

Name of Property Owner (s): _____

Address of property where Re-Zoning is requested: _____

Tax Parcel Number of property where Re-Zoning is requested: _____

Present Zoning classification of property: _____

A. State the Zoning being requested: _____

B. Explain why Re-Zoning is needed for this property: _____

_____

C. State whether the property will meet the criteria of **Article XVII, Section 7** after rezoning: _____

_____

A filing fee of $100.00 is payable to the Dooly County Commissioners via the web portal for permits which is due at the time of filing this application. **Click Here** to go to web portal and follow directions at portal to create a **Re-Zoning** permit. Upload this document once completed to the permit application online.

Each application **Will Not Be Considered** until all the following information is supplied with the application:

1. Must be accompanied by a simple sketch of the site that shows the following:
2. Must have General location of existing structures and property lines.
3. Must show Location of proposed buildings and land use.
4. Must show present and proposed Conditional Use requested. Note: If the applicant is not the property owner, the owner of said property must send a written letter stating authorization for the applicant to file the application. This letter must have a notary stamp from the state of Georgia.

I hereby certify that I am the owner, or legal agent of the owner, of the above-described property.

Your Signature: _____ Date: _____