PAPPLICATION NUMBER: **Z** - _____ - _____ **TAX MAP/ PARCEL NUMBER:** _____

REZONING

APPLICATION

For additional information or assistance, please call:
The Long County – City of Ludowici Planning and Zoning Board

PO Box 415 | 75 W Academy St | Ludowici, Georgia 31316
Phone: (912) 545-3683 **Fax:** (912) 545-3271

APPLICATION NUMBER: **Z** **-** _____ **-** _____ **TAX MAP/ PARCEL NUMBER:** _____

To File a Rezoning Request:

Submit a COMPLETED rezoning application by the designated deadline with the Long County – City of Ludowici Planning and Zoning Board. Any application that is submitted with incomplete or incorrect information may experience processing delays.

The Long County – City of Ludowici Planning and Zoning Board meets on the Second Tuesday of every month in the Commissioners meeting room in the MaryAnn Odum Government Annex located on 75 W Academy St, Ludowici, Georgia at 6:00 PM. Board recommendations will be forwarded to the appropriate approving authority for action at their regularly scheduled meeting in the following month.

Public Hearing Notices

Once the completed application is filed with the Zoning Administrator, an advertisement of the hearing will be published in the Long County Press fifteen (15) days prior to the scheduled hearing and a sign placed on the property involved.

Post Hearing Recommendations

The Long County – City of Ludowici Planning and Zoning Board will submit its recommendation to either the Long County Board of Commissioners or the City of Ludowici for a public hearing and final decision. The public hearing is scheduled as determined by the governing authority and the petitioner is encouraged to attend all related public hearings.

Application Withdrawal

If an application is withdrawn after the Long County – City of Ludowici Planning and Zoning Board has taken final action, there is a six (6) month waiting period before the same parcel can be resubmitted for rezoning.

The following items may be needed or required to be submitted with the zoning application.

- ☐ Plot plan or survey plat showing the dimensions of the property to be rezones and the location of any existing structures, right-of-ways, marshlands, water courses and lakes
- ☐ A copy of the deed
- ☐ Sketch Plan of the proposed development including structures, types of uses, access drives, parking, and traffic circulation, setbacks, easement, proposed recreational areas, buffer zones, trees and landscaping (if applicable)
- ☐ Descriptive narrative of proposed use or business operation
- ☐ For residential developments, a statement of proposed numbers of dwelling units and net acreage available for buildings
- ☐ Certification of governing authority that existing water and sewer lines adjacent to the property are available and that the adjacent drainage facilities are adequate to accommodate the proposed development (if applicable)
- ☐ In the case of commercial and industrial developments, proposed off-street parking and loading areas, signage, outdoor lighting, and landscaping
- ☐ Check to cover rezoning fee made payable to : Long County Code Enforcement
  - Rezoning Base Fees of **$250.00 (R-1 & R-2) or $500.00 (RR, A/F, C-1, C-2, I-2)**

APPLICATION NUMBER: **Z - _____ -** **TAX MAP/ PARCEL NUMBER:**

OWNER INFORMATION ON PROPERTY TO BE REZONED

Full Name: _____

Last *First* *Middle Initial*

Address: _____

Street Address *Apartment/Unit #*

City *State* *Zip Code*

Home Phone: ( ) _____ Cell Phone: ( ) _____

Signature:

Applicant Information (if different from owner)

Full Name: _____

Last *First* *Middle Initial*

Address: _____

Street Address *Apartment/Unit #*

City *State* *Zip Code*

Home Phone: ( ) _____ Cell Phone: ( ) _____

Signature:

OWNER'S AGENT (if applicable)

Full Name: _____

Last *First* *Middle Initial*

Address: _____

Street Address *Apartment/Unit #*

City *State* *Zip Code*

Home Phone: ( ) _____ Cell Phone: ( ) _____

Signature: _____

Please select the appropriate response:
(Health Department Approval is required if Well or Septic System)

WATER	☐ Public	☐ Individual Well	☐ Community Well	☐ Other
SEWER	☐ Public	☐ Individual Septic System		☐ Other

Are there any new streets or easements involved in this request?	☐ YES	☐ NO
Is there adequate drainage provided?	☐ YES	☐ NO

APPLICATION NUMBER: **Z** - _____ - _____ **TAX MAP/ PARCEL NUMBER:** _____

Property Address:					
Long County Tax Map:	**Map:**		**Parcel:**		
Acreage:	**Acres:**		**OR**	**Square Feet:**	
Current Zoning:	**FROM***		**Proposed Zoning:**	**TO***	
***Zoning Designation**					
Proposed Use:					

The following information can be obtained by visiting the Long County Tax Assessor's Office in the Long County Court House Annex. (912) 545-9111

ADJACENT OWNER(S) INFORMATION				
Tax Map/ Parcel No:	**Zoning:**	**Acres:**	**Property Owner:**	**Mailing Address:**
1.				
2.				
3.				
4.				
5.				

You have 7 Days after approval to take your approved application to the tax assessor's office. Bring a signed copy back to the planning and zoning office to have your parcel(s) updated.

APPLICATION NUMBER: **Z** - _____ - _____ **TAX MAP/ PARCEL NUMBER:** _____

For Official Use Only

Date Received	*Initialed*	*Newspaper Notification Submitted*	*Initialed*
Date Payment Received	*Initialed*	*Sign Posted*	*Initialed*

Date Approved	*Initialed*	*Date Denied*	*Initialed*
Date Received (Tax assessors)		*Tax assessors' signature*	*Stamp/Initialed*