



CITY OF RINCON, GEORGIA  
Building and Zoning Department  
Phone: (912) 826-5996 / Fax: (912) 826-2083  
www.cityofrincon.com

## REZONING APPLICATION

### **LOCATION OF PROJECT**

Location Address: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Map and Parcel: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Total Area of Property (acres or square feet): \_\_\_\_\_

### **REQUEST**

Proposed Use of Property: \_\_\_\_\_

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

### **APPLICANT INFORMATION**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **PROPERTY OWNERSHIP**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTACT PERSON**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Note: If any of the above involves a corporate entity, a list of the officers shall be attached to this application.**

**CAMPAIGN CONTRIBUTIONS**

Has the applicant, property owner, contact person, or any officer of the corporate entity made political contributions to one or more City of Rincon Official(s), including any member(s) of the Planning and Zoning Board, during the past two years when combined, total 250.00 or greater?

No. I have not made campaign contributions to any City of Rincon Official(s).

Yes. I have made campaign contributions to one or more City of Rincon Official(s).

City official

Title

Dollar Value

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

**SUBMITTAL REQUIREMENTS**

- Site Plan showing:
  - Legal survey of the plat prepared by registered surveyor in the State of Georgia
  - Proposed Master Plan
- Application fee of \$250
- Authorization of Property Owner, if the applicant is not the owner of the property

**Applicant understands that this application will not be processed by the Building and Zoning Department until all forms have been completed and all required documentation has been submitted.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only:*

<b><u>Planning and Zoning Board</u></b>	_____ Approved _____ Denied
Date of Meeting: _____	
Remarks: _____	
<b><u>City Council</u></b>	_____ Approved _____ Denied
Date of Public Hearing: _____	
First Reading: _____	
Second Reading: _____	
Remarks: _____	
Date Map Amended: _____	