



Application for Zoning Map Amendment (Rezoning)

This application must be completed in full and must be submitted with the appropriate completed checklist, fee, and all supplemental application materials, including Agent Authorization Form, if applicable. An incomplete application cannot be accepted for processing. For assistance or information, please contact Glynn County Planning & Zoning at (912) 554-7428.

Name of Project, including former name(s) _____

Description of Project _____

Address of Property _____

Location of Property _____

Parcel ID # _____

Applicant Name _____ Contact _____ Address _____ Phone: _____ Email: _____	Surveyor Name _____ Contact _____ Address _____ Phone: _____ Email: _____
Owner Name _____ Contact _____ Address _____ Phone: _____ Email: _____	Engineer Name _____ Contact _____ Address _____ Phone: _____ Email: _____
Agent Name _____ Contact _____ Address _____ Phone: _____ Email: _____	Architect Name _____ Contact _____ Address _____ Phone: _____ Email: _____

I understand that I will need to attend or be represented by a duly authorized agent at the formal hearings of the Planning Commission and the Board of Commissioners and that my application cannot be approved unless I am represented. I also understand that I will need to stand at these hearings and formally request (orally) the approval of my application.

Signature: _____ Date: _____

Owner or Authorized Agent ONLY



Glynn County Community Development Department

1725 Reynolds St., Suite 200

Brunswick, GA 31520

912 554-7428

www.glynncounty.org

SUPPLEMENTAL INFORMATION FOR REZONING REQUEST

NATURE OF REQUEST

Existing Zoning:	Existing Use:
Requested Zoning:	Requested Use:
Area of Property (square feet or acres):	Property Frontage (feet):
<input type="checkbox"/> Public OR <input type="checkbox"/> Private Street (check one)	<input type="checkbox"/> Paved OR <input type="checkbox"/> Unpaved Street Access (check one)
Water Supply Type:	Sewage Disposal Type:

JUSTIFICATION FOR REQUEST (please address the following questions)

Would be in Harmony with the Character of the Neighborhood Because -

Would Not Be Detrimental to Property or Persons in the Area Because -

Other Comments: _____

DISCLOSURE

Identify all Members of the Glynn County Board of Commissioners, Glynn County Planning Commissions and Employees of Glynn County Community Development who -

- (1) Have a property interest in the real property affected by this request



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continued.....

(2) Have a financial interest (direct ownership interest of the total assets or capital stock of a business entity where such ownership interest is more than 10%) in any business entity which has a property interest in the real property affected by this request

(3) Have a member of the family (spouse, mother, father, brother, sister, son or daughter) having a property financial interest as herein defined, in the real property affected by the request

CAMPAIGN CONTRIBUTION

List below the names of local government officials, the Glynn County Board of Commissioners, to whom campaign contributions were made, within two (2) years immediately preceding the filing of this application, which campaign contributions total \$250.00 or more or to whom gifts were made having a total value of \$250.00 or more

Commissioner's Name

Amount or Description of Gift

NATURE OF OWNERSHIP INTEREST

Is the Owner an: ___ Individual ___ Partnership ___ Sole Proprietor ___ Firm ___ Corporation ___ Association -

Note: If a corporation, submit a list of officers, directors & major stockholders with name, address and title. If a partnership: Submit list of all partners with name, address and title.



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AAZ

Agent Authorization Form

(Required if Applicant is other than property owner or is represented by an Agent)

Ownership Certification

State Of Georgia,
 County Of Glynn County Georgia

I, the undersigned, do hereby certify that I am the owner of the property affected by the proposed application to the Glynn County Planning Commission (application file number _____) by virtue of a deed dated _____ on file in the Office of the Clerk of the Superior Court of Glynn County in Deed Book _____ Page _____ and I hereby grant permission for the zoning request to be filed.

 Owner's Name

 Other Owner's Name

 Owner's Signature

 Date

 Other Owner's Signature

 Date

Agent Authorization

I/We, the undersigned owner(s) or applicant(s) of property involved in this application, do hereby authorize _____ to act as Agent in submitting and representing the above identified application in my/our behalf.

 Owner's Signature

 Applicant's Signature

I accept this authorization to act as Agent on behalf of the above owner(s).

 Authorized Agent's Name

 Authorized Agent's Signature

 Date

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Application for Zoning Map Amendment (Rezoning) - Instructions

1. This form is to be used for all applications made on or after January 1, 2005. A completed application includes this form and all supplemental information as listed below.
2. Please fill in all lines and boxes on the form. If a section is not applicable, enter "Not Applicable" or draw a line through the section. On the first page, **please enter the name or company name under "Name" and list a contact person under "contact."** Please also enter an email address **for each member of the applicant team** for which and email address is available - this will facilitate getting information on the progress of the application.
3. The application must be signed by the **owner of the property** or by the **authorized agent ONLY**. If the applicant is not the owner, be sure to include a completed Agent Authorization Form (copy provided in this packet).
4. Note that application materials will be accepted and reviewed for completeness. If an application is incomplete, it will be held until it has been completed. The "date received" will be the date it is determined that the application is complete and eligible for processing.

5. The following items **must be provided**:

- _____ Application Fee (see fee schedule included in this package)
- _____ Accurate Survey
- _____ Deed
- _____ Tax Map
- _____ General Layout Plan, 10 copies if larger than 11 X 17, otherwise 1 copy (**see requirements in this package**)
- _____ Additional Information will be required for Planned Developments. Please submit all data required by Zoning Ordinance Section 723.3



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Application for Zoning Map Amendment (Rezoning) – Instructions, Continued

GENERAL INFORMATION

Applications will be received at any time and processed as soon as review is complete. An application for rezoning must be considered at a public hearing by the appropriate planning commission and at a public hearing by the Board of Commissioners. **NOTE: The owner or agent must be present at each public hearing in order for the request to be considered.** Notice of hearings will be given by posting a sign on the property, by mail to nearby property owners, and by advertisements in the newspaper.

Procedures for the conduct of the public hearings, along with rules concerning deferral or withdrawal of applications can be found in Article XI of the Glynn County Zoning Ordinance. The Zoning Ordinance can be accessed on-line at www.glynncounty.org

[Scan to read the Zoning Ordinance](#)

FEE SCHEDULE

Contact Planning and Zoning at 912 554-7428 for fees.



GENERAL LAYOUT PLAN REQUIREMENTS

A General Layout Plan shall be included with the application when requesting a change to the following zoning classifications:

Resort Residential	Medium Residential	General Residential	High Residential
Office Commercial	Local Commercial	General Commercial	Highway Commercial
Freeway Commercial	Basic Industrial	Limited Industrial	General Industrial

The General Layout Plan shall be at a scale of less than 1" = 100' containing the following:

- a) Dimensions of the Property
- b) Location and Dimensions of Existing & Proposed Structures and Use
- c) Access Drives
- d) Setbacks
- e) Easements
- f) Rights-of-Way
- g) Marshland Boundaries
- h) Proposed or Existing Water, Sewer and Drainage Facilities
- i) Buffers
- j) Off-Street Parking
- k) Watercourses and Lakes
- l) Loading Areas, Signage and Outdoor Lighting (commercial/industrial)
- m) Recreational Areas (multi-family residential)
- n) Proposed Number of Dwelling Units and Net Acres (multi-family)

Requests for Planned Development, Planned Commercial and Restricted Neighborhood Commercial will require additional information as outlined in the Zoning Ordinance.