



Fee: _____

Amount Paid: _____

Date: _____

City of Brunswick
Planning, Development, & Codes Department
601 Gloucester Street
Brunswick, Georgia, 31520

REZONING APPLICATION

Please take care to insure that the information for each checkbox below is sufficiently provided. **The City of Brunswick does not accept incomplete applications.** Applications must be submitted to the Planning, Development & Codes Department no later than 20 days prior to the regularly scheduled meeting of the Planning and Appeals Commission. The PAC meets the second Wednesday of each month.

- Completed Application
- Plat/Survey/Lot Inspection Report (LIR)/Location Map
- Site Development Plan with property lines & setbacks
- Proof of ownership of property OR proof of legal authorization from owner
- Written Report/Petition for Planned Development Rezoning (if applicable)
- Letters of approval for any existing Variances, Special Use Permits, or Rezone (Text Amendment) Requests
- Full Text of Proposed Amendment in Ordinance Format (if applicable)

The Planning, Development & Codes Department highly recommends arranging a meeting with staff prior to the submission of an application. Should you have questions or wish to arrange a meeting please contact City Planning at (912) 267-5527



CITY OF BRUNSWICK, GEORGIA

APPLICATION FOR REZONING

RZ

APPLICANT: After completely reading this form, the applicant will answer each item as completely as possible. Please print or type. The Planning Staff will assist you if necessary.

This is a request for a **REZONING** to the Official Zoning Ordinances of the City of Brunswick. Please read Article XXIII of Zoning Ordinance which applies to your proposal.

1. Applicant (Your Name): _____ Daytime Phone: _____ Email: _____
Mailing Address _____ Zip: _____
2. Location of Property forming the basis for this text amendment: _____
Street _____ Tax Map and Parcel Number: _____
3. Is this rezoning due to annexation? ____ YES ____ NO
4. Total Parcel area (indicate square feet or acres): _____ Square Feet/Acres
5. Present Zoning: _____ Abutting zones (list all zones that touch the parcel): _____
6. Proposed Zoning: _____
7. Are any special use(s), variance(s), covenant(s), or prior rezoning(s) present on the parcel?
____ YES ____ NO If 'YES', list ALL and date: _____
8. The following data shall be attached as applicable:
____ **Petition signed by Property Owner or agent requesting the Rezoning.**
____ **Full text of the proposed amendment in the format of the ordinance it is intended to amend.**
9. Reasons for the rezoning request: _____

10. Do you have legal possession of the parcel(s) proposed for this zoning text amendment? ____ YES ____ NO
(If 'NO' then this application cannot be processed until an application is received for all parcels intended to be affected by the text amendment and legal authorization provided.)
11. Owner's Name (If different from Applicant*): _____
Address: _____ Zip: _____ Daytime Phone: _____ (*If applicant is different from Owner, a legal authorization to represent the Owner must be attached to this application.)

I understand that the City of Brunswick will not process this application until I have submitted **ALL** required materials on or before the date of the approved schedule, which shall be **not less than 20 days prior to the regularly scheduled and advertised monthly meeting of the Planning and Appeals Commission**. The PAC meets on the Second Wednesday of each month at 5:15 PM in Commission Chambers, Old City Hall. The recommendation of the Planning Commission is forwarded to City Commission for their review at the next regularly scheduled meeting following the PAC meeting.

Signed: _____ Date: _____

(Printed Name: _____)