APPLICATION FOR ZONING AMENDMENT
BAXLEY, GA

Application No: ________________________
Name of Applicant: _______________________
Address of Applicant: _______________________
Phone Number Where Applicant may be Reached: _______________________
Location and Address of Area to be Rezoned: _______________________

Legal Description and Map (Attach Map): _______________________

Present Zoning: _______________________
Requested Zoning: _______________________

If Zoning Text Change, Attach sheet stating words to be deleted
and words to be added.

Previous Requests for Rezoning this Property:
From: ________________________ To: ________________________ Date: ____________
  Action taken by Planning Commission: _______________________
  City Council: _______________________

The property will be used for and have the following buildings, parking, and other improvements constructed: _______________________
_____________________
_____________________
_____________________
_____________________


The existing zoning is unreasonable because:

________________________________________________________________________

________________________________________________________________________

The proposed amendment would materialize in an equal or better zoning that existing because:

________________________________________________________________________

________________________________________________________________________

Would the rezoning and subsequent development of this property place a burden on the city and nearby area in terms of providing public facilities?

________________________________________________________________________

________________________________________________________________________

Would the rezoning and subsequent development of this property create any hazards or nuisances?

________________________________________________________________________

________________________________________________________________________

The above information and attachments are true and accurate to the best of my knowledge.

__________________  ____________________  ____________________
Date      Fee Paid      Signature of Applicant

Date of Public Hearing Advertised in Newspaper: ______________________________

Date of Public Hearing held by Planning Commission: __________________________

Planning Commission Approval: _____________________________________________
Disapproval: __________________________ (If Disapproved), Reasons for Disapproval:

________________________________________
________________________________________
________________________________________

Signature of Planning Commission Chairman: ______________________________________
Date of Planning Commission Action: ____________________________________________
City Council Action: _____________ (If Approval is given, Ordinance No. _____________)
Final Reading ______________________________________
Signature of City Clerk: ____________________________________________________