

REZONING/SPECIAL EXCEPTION APPLICATION REQUIREMENTS

1. Assigned **E-911 address**: BHC E-911 office, (229) 922-0238. E-911 is required to **fax** a copy of the E-911 address to the BHC Building & Zoning office at (229) 426-5630. Address: **255-A Appomattox Rd, Fitzgerald Ga 31750**
2. Copy of **Plat** from a surveyor or a copy of the recorded Plat from the Clerk of Court, (229) 922-0234. Address: **115 South Sheridan Street, Fitzgerald, GA 31750**
3. **Property Tax Record** from the Tax Assessor, (229) 922-0238. Address: **113 South Sheridan Street, Fitzgerald, GA 31750**
 - Total amount of acres
 - Map & Parcel Number
 - Land Lot Number & Land District
 - Zone District
4. Letter from Land owner stating the purpose of the Rezoning or Special Exception Request. Letter should include:
 - Property Address
 - Land owner Name and current address
 - Contact number
 - Sign and date the statement
5. Any person(s) other than the land owner submitting this application is considered an Authorized Agent/Attorney-in-fact and is required to properly sign, date, and notarize the DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT form on page 6.

Additional Requirements for Cell Towers

- A. A Copy of all signed agreements between the Landowner and other parties to construct the Cell Tower on their land.
- B. Cell Tower plans which includes the height, width, and square footage of the cell tower.
- C. A Plat which includes where the Cell Tower will be constructed on the land.
- D. A drawing of the Cell Tower which includes the North, South, East, and West directions of the adjoining properties should the Cell Tower fall.

REZONING/SPECIAL EXCEPTION APPLICATION

BEN HILL COUNTY, GEORGIA
FITZGERALD, GEORGIA

Instructions for Filing of Rezoning/Map Amendment or Special Exception Application

Dear Citizens:

Attached, please find the required application for a Map Amendment or Special Exception. This application must be filed in the office of the Zoning Administrator at the Ben Hill County Building Department by _____ in order to be heard by the County Commission the following month. Along with your application, please attach the following:

1. \$300 Application Fee

Your application for a Map Amendment or Special Exception will be heard as follows and your presence or your representative's presence is requested at each meeting.

PLANNING & ZONING COMMISSION

DATE: _____

PLACE: _____

TIME: _____

COUNTY COMMISSION

DATE: _____

PLACE: _____

TIME: _____

The signature below acknowledges receipt by the applicant and/or his duly authorized representatives for the above referenced data.

OWNER/AGENT

DATE

DATE: _____

DATE RECEIVED: _____

MAP AMENDMENT: _____
SPECIAL EXCEPTION: _____

APPLICATION #: _____

REZONING/MAP AMENDMENT or SPECIAL EXCEPTION APPLICATION

TO: FITZGERALD-BEN HILL COUNTY PLANNING AND ZONING COMMISSION
BEN HILL COUNTY BOARD OF COMMISSIONS

I (we), the undersigned, do hereby respectfully make application and petition the Ben Hill County Board of Commissioners to amend the map or request for a Special Exception of the Ben Hill County Zoning Ordinance dated **DECEMBER 10, 2001** as hereinafter requested. In support of this application, the following facts are shown:

1. Applicant name and requested Map Amendment or Special Exception address:

Name: _____
Address: _____

2. Specific map to be deleted: _____

3. Specific map to be adopted: _____

4. Current Zone District: _____

5. Existing use of the property: _____

6. Summary of reason(s) for proposed map amendment or Special Exception:

7. Has applicant made, within two (2) years immediately preceding the filing of the application for this Amendment or Special Exception, campaign contributions aggregating **\$250.00** or more to any member of the Board of Commissioners or Planning and Zoning Commission?

YES ____ NO ____ If yes, the following information is required:

Name of local government official to whom made: _____

Amount and date for each contribution made by applicant: _____

An enumeration date and description of each gift having value of **\$250.00** or more made by the applicant to Local government official during the two years immediately preceding the filing of the application for Map Amendment or Special Exception.

7a. In the event that no such gifts or contributions were made, the applicant shall affirm by signing this space.

OWNER SIGNATURE

AUTHORIZED AGENT SIGNATURE

OWNER ADDRESS

AUTHORIZED AGENT ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

OWNER TELEPHONE NUMBER

AUTHORIZED AGENT TELEPHONE NUMBER

FOR COUNTY USE ONLY

Action taken by Planning and Zoning Commission:

DATE: _____

Action taken by Board of Commissions:

DATE: _____

TEXT UPDATED: _____ DATE: _____

DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT

I, _____, am the owner of the property described in the application hereby designate _____ as the authorized agent/attorney-in-fact with the following powers and authority to do all things that may be required in order to apply for a rezoning (map amendment) or special exception request on said property including but not limited to completion and execution of applications, receipt of notices, execution of acknowledgements, attendance, and presentations of evidence at all hearings and execution of agreements.

NAME

TITLE

ADDRESS

TELEPHONE NUMBER

AUTHORIZED AGENT/ATTORNEY-IN-FACT

NAME

ADDRESS

ADDRESS

TELEPHONE NUMBER

STATE OF _____)

COUNTY OF _____)

I, the undersigned Notary Public, hereby certify that _____, whose name(s) is/are signed to the foregoing DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT has/have acknowledged to me under oath that they have read and understand the foregoing and executed same before me on this day.

Given under my hand and Official Seal this _____ day of _____, 20__.

Notary Signature: _____ Commission Expires: _____

SEAL

