



**PO Box 452
106 Washington Street
Darien, GA 31305
(912) 437-6686
FAX (912) 437-2208**

Application for Zoning Map Amendment

Name of Project: _____

Description of Property: _____

Address of Property: _____

Location of Property: _____

Tax Map# and Parcel I.D.#: _____

Last Year Tax Paid: _____

Applicant

Name: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Owner

Name: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Surveyor

Name: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Engineer

Name: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Nature of Request

Existing Zoning: _____

Requested Zoning: _____

Area of Property (square feet or acres): _____

Public or Private Street: _____

Water Supply Type: _____

Existing use of Land: _____

Requested use: _____

Property Frontage: _____

Paved or Unpaved Street Access: _____

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-
