

ANNEXATION APPLICATION PACKET

CITY OF RINCON
 Planning & Development Department
 302 S Columbia Avenue
 Rincon, GA 31326
 P: 912-826-5996 F: 912-826-2083
 www.cityofrincon.com



PROPERTY INFORMATION

Location Address: _____ Parcel #: _____

Current Zoning (County): _____ Current Land Use: _____

Acreage: _____

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Business Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Applicant is (check one): the Property Owner Not the Property Owner

OWNER INFORMATION

Owner Name: _____ Phone: _____

Business Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Applicant's Certification: I hereby certify that the information contained in and attached to this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I have complied with all of the submittal requirements and procedures, and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.

Signature of Applicant	Date	Notarized

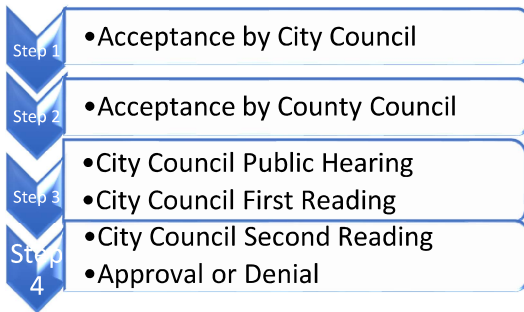
SUBMITTAL REQUIREMENTS

- Boundary Survey or Plat
- Deed (containing legal description)
- Rezoning Application (annexation specific)
- Petition Requesting Annexation

ANNEXATION APPLICATION FEES

No fees required

PROCESS



Office Use Only:

Application #: _____	Date Certified Letter Sent to School Board: _____
Date Received: _____	Date Certified Letter Sent to Effingham County: _____
Date County Accepted Annexation Petition: _____	
Date of Newspaper Ad: _____	Date Sign Posted: _____
Date Adjacent Property Letters Mailed: _____	
Council Public Hearing: _____	Council First Reading: _____
Council Second Reading: _____	

- Approved**
- Denied**
- Withdrawn by Applicant**

PETITION REQUESTING ANNEXATION

Date: _____

To the Mayor and City Council of Rincon, Georgia.

1. The undersigned, as owners of all real property of the territory described herein, respectfully request that the City Council annex this territory to the City of Rincon, Georgia, and extend the city boundaries to include the same.
2. The territory to be annexed is unincorporated and contiguous (as described in O.C.G.A. 36-36-20) to the existing corporate limits of Rincon, Georgia and the description of such territory is attached.

This _____ day of _____, 20_____.

Owner's Name

Owner's Signature

REZONING APPLICATION FOR ANNEXATION

PROPERTY INFORMATION

Location Address:	Parcel #:
Current Zoning (County):	Current Land Use:
Proposed Zoning (City):	Proposed Land Use:
Acreage:	

APPLICANT INFORMATION (see annexation application)

Applicant is (check one): the Property Owner Not the Property Owner

OWNER INFORMATION (see annexation application)

Applicant's Certification: I hereby certify that the information contained in and attached to this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I have complied with all of the submittal requirements and procedures, and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.

Signature of Applicant

Date

Notarized

SUBMITTAL REQUIREMENTS

- A legal description of the land by lot, block, and subdivision designations, or if none, by metes and bounds
- The present and proposed land uses of all adjoining properties if under the same ownership
- The names, addresses, and zip codes, at the date of filing, of property owners adjacent to and across any public right-of-way from the property being proposed for rezoning, including properties diagonally across an intersection
- All known previous applications for a map amendment affecting the same premises
- A scaled map or plat, which shall show the property referred to in the application and all adjoining lots or parcels of land which are also under the same ownership (1 digital and 1 – 11 X 17)
- Campaign Contribution/Gift Disclosure Form

REZONING APPLICATION FEES

No fees required