

ATTACHMENT A – REZONING AMENDMENT APPLICATION

Application Date: _____

Applicant/Agent: Lennon Godoy

Applicant Email Address: lennongmichel@gmail.com

Phone # 562-810-5301

Applicant Mailing Address: 1742 Gosnen Road

City: Rincon State: GA Zip Code: 31326

Property Owner, if different from above: Adolfo Mitchell

Include Signed & Notarized Authorization of Property Owner

Owner's Email Address (if known): flacosdesigngroup@gmail.com

Phone # 562-547-2807

Owner's Mailing Address: 1742 Gosnen Road

City: Rincon State: GA Zip Code: 31326

Property Location: Back corner of 1742 Gosnen Road

Proposed Road Access: EASEMENT THROUGH 1742 Gosnen Road

Present Zoning of Property: R-1 Proposed Zoning: AR-2

Tax Map-Parcel # 0484 0007 Total Acres: 1 Acres to be Rezoned: 1

Lot Characteristics: Open clear acre

WATER

Private Well

Public Water System

If public, name of supplier: _____

SEWER

Private Septic System

Public Sewer System

Justification for Rezoning Amendment: _____

List the zoning of the other property in the vicinity of the property you wish to rezone:

North _____ South _____ East _____ West _____

1. Describe the current use of the property you wish to rezone.

NO use

2. Does the property you wish to rezone have a reasonable economic use as it is currently zoned?

NO

3. Describe the use that you propose to make of the land after rezoning.

I plan to put a mobile home on it

4. Describe the uses of the other property in the vicinity of the property you wish to rezone?

Residential

5. Describe how your rezoning proposal will allow a use that is suitable in view of the uses and development of adjacent and nearby property?

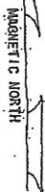
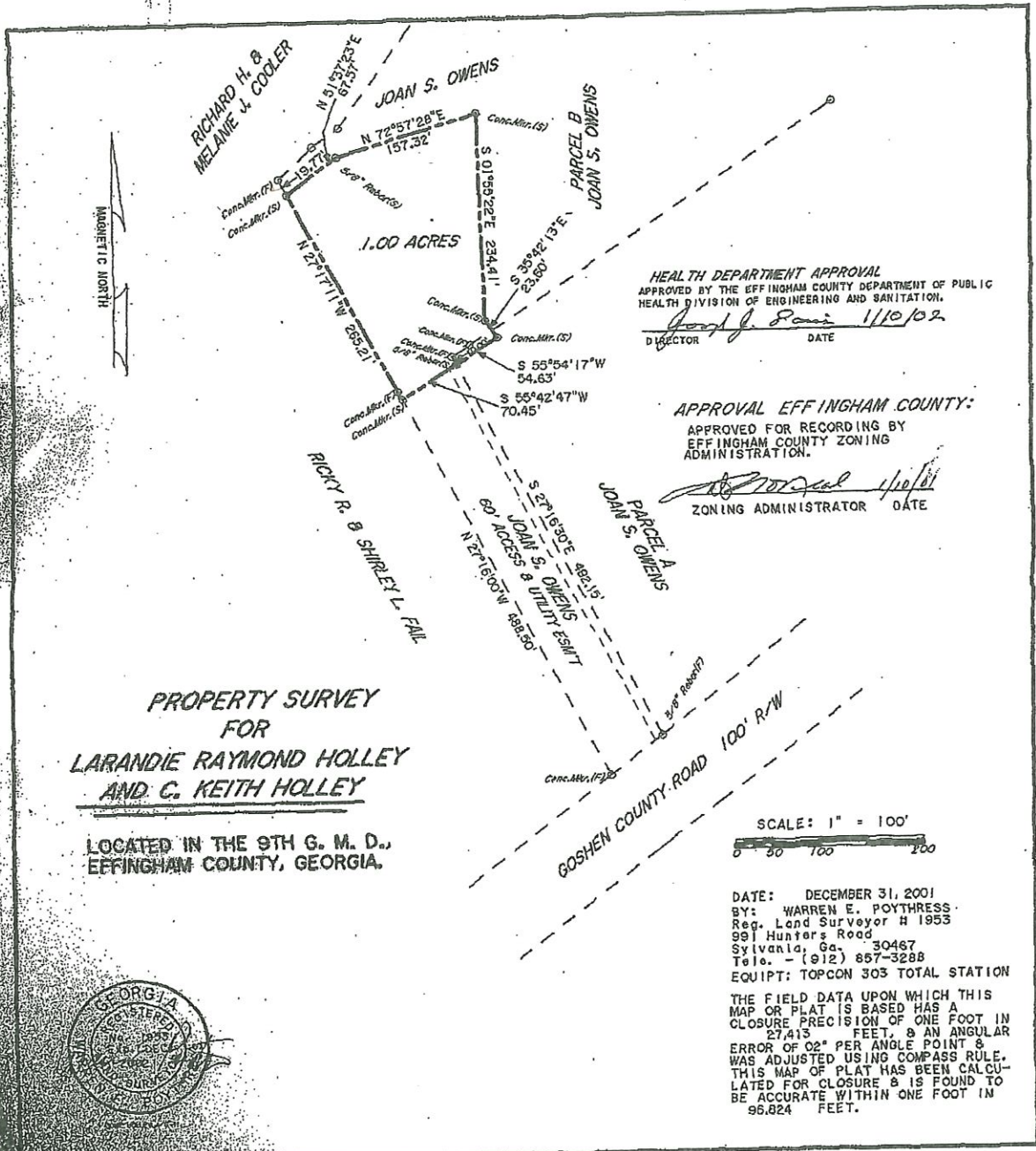
It will allow me to live closer to my family

Who own adjacent property

6. Will the proposed zoning change result in a use of the property, which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools?

NO

Applicant Signature: Lenora Goday Date _____



HEALTH DEPARTMENT APPROVAL
 APPROVED BY THE EFFINGHAM COUNTY DEPARTMENT OF PUBLIC
 HEALTH DIVISION OF ENGINEERING AND SANITATION.
Joseph J. Davis 1/10/02
 DIRECTOR DATE

APPROVAL EFFINGHAM COUNTY:
 APPROVED FOR RECORDING BY
 EFFINGHAM COUNTY ZONING
 ADMINISTRATION.
[Signature] 1/10/02
 ZONING ADMINISTRATOR DATE

**PROPERTY SURVEY
 FOR
 LARANDIE RAYMOND HOLLEY
 AND C. KEITH HOLLEY**

LOCATED IN THE 9TH G. M. D.,
 EFFINGHAM COUNTY, GEORGIA.

SCALE: 1" = 100'
 0 50 100 150

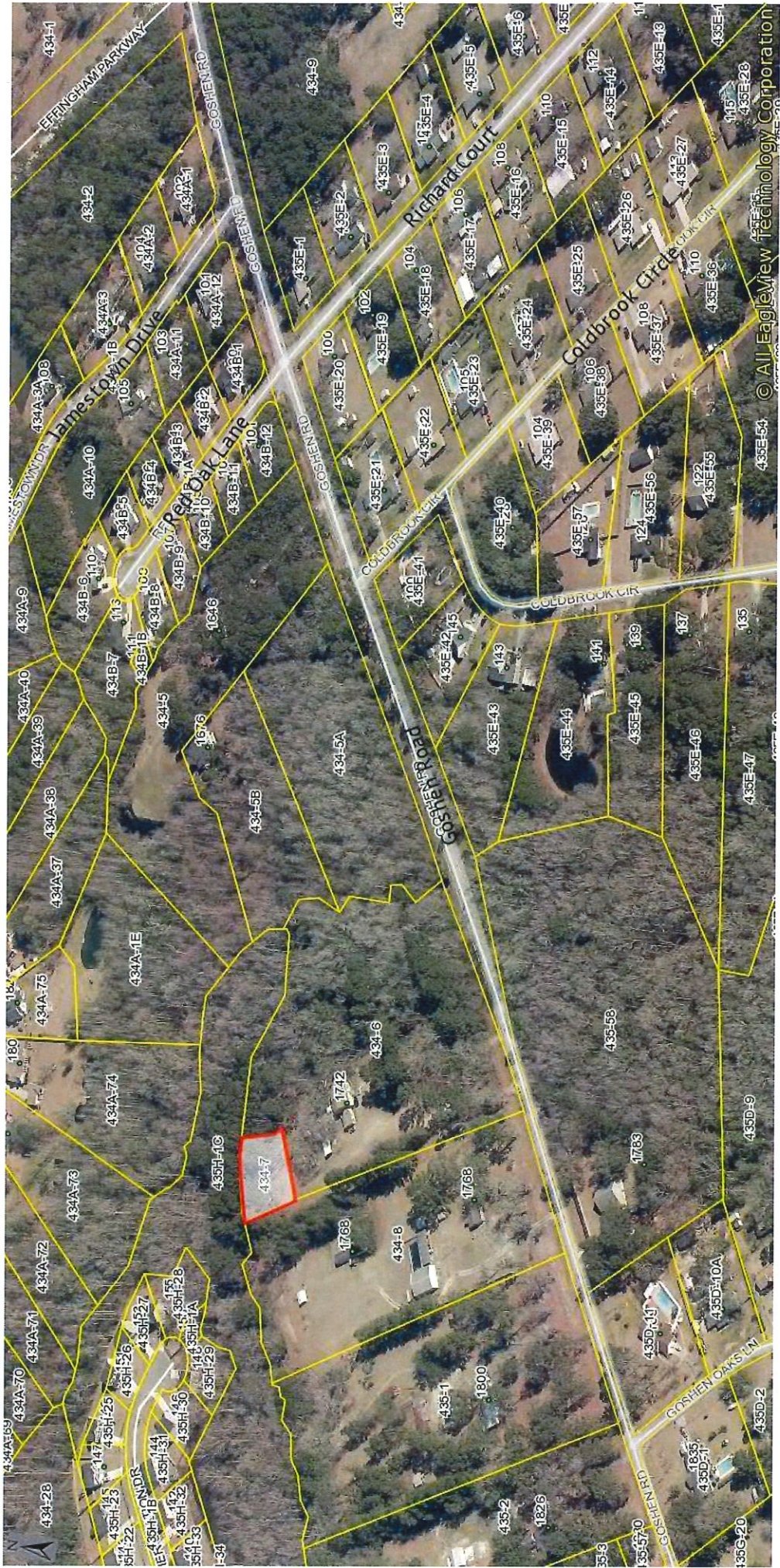
DATE: DECEMBER 31, 2001
 BY: WARREN E. POYTHRESS
 Reg. Land Surveyor # 1953
 991 Hunters Road
 Sylvania, Ga. 30467
 Tele. - (912) 857-3288
 EQUIPT: TOPCON 303 TOTAL STATION

THE FIELD DATA UPON WHICH THIS
 MAP OR PLAT IS BASED HAS A
 CLOSURE PRECISION OF ONE FOOT IN
 27,413 FEET, & AN ANGULAR
 ERROR OF 02" PER ANGLE POINT &
 WAS ADJUSTED USING COMPASS RULE.
 THIS MAP OF PLAT HAS BEEN CALCU-
 LATED FOR CLOSURE & IS FOUND TO
 BE ACCURATE WITHIN ONE FOOT IN
 96,824 FEET.

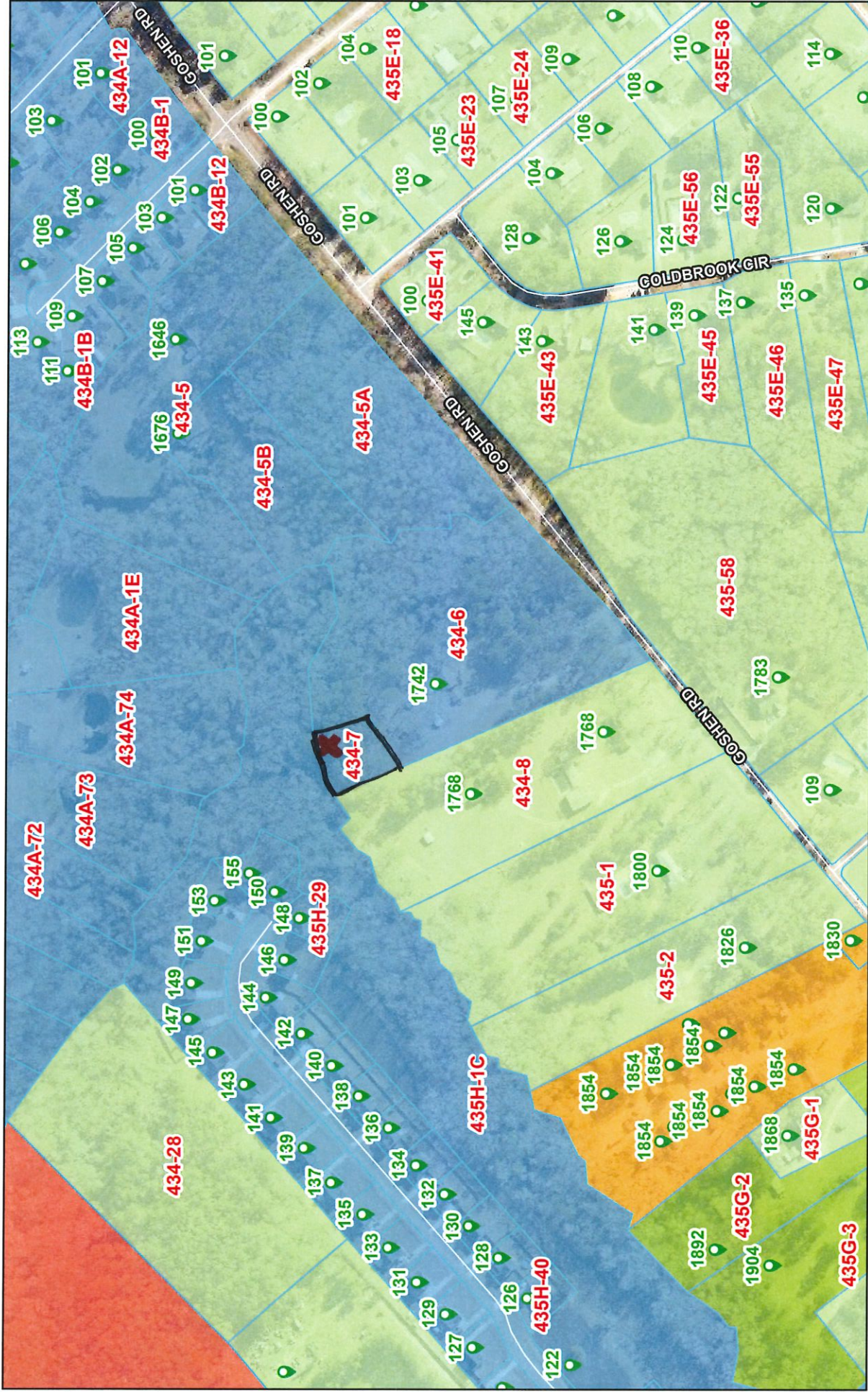


B/156D

434-7



434-7



6/14/2023

1:4,514

0 0.03 0.07 0.13 mi

0 0.05 0.1 0.2 km

Address Points

Tax Parcel Labels

Tax Parcels

Roads

Effingham County Zoning

AR-1

AR-2

R-1

R-4

I-1 Efn_fin_cache

Red: Band_1

Green: Band_2

Effingham County BOC, Savannah Area GIS, Esri, HERE, Garmin, INCREMENT P, USGS, EPA, USDA

EFFINGHAM COUNTY REZONING CHECKLIST

Applicants requesting a Zoning change shall supply to the Planning Board information describing the proposed change plus supporting data relating to the change to assist the Planning Board in making their determination. the supporting documentation shall include a format substantially the same as the checklist/criteria used by the Planning Board in evaluating the requested zoning change.

After receiving all information presented as to each zoning proposal at any public hearing provided for in this Article, and prior to making any recommendation thereon, the Planning Board shall consider each of the eight questions contained in the following checklist in written form and forward a copy of the same to the Board of Commissioners together with any additional material deemed appropriate:

CHECK LIST:

The Effingham County Planning Commission recommends:

APPROVAL X DISAPPROVAL _____

Of the rezoning request by applicant **Lennon Godoy as Agent for Adolfo Mitchell – (Map # 434 Parcel # 7)** from R-1 to AR-2 zoning.

- Yes No? 1. Is this proposal inconsistent with the county’s master plan?
- Yes No? 2. Could the proposed zoning allow use that overload either existing or proposed public facilities such as street, utilities or schools?
- Yes No? 3. Could traffic created by the proposed use, or other uses permissible under the zoning sought, traverse established single-family neighborhoods on minor streets, leading to congestion, noise, and traffic hazards?
- Yes No? 4. Does the property which is proposed to be rezoned have a have a reasonable economic use under existing zoning?
- Yes No? 5. Does the proposed change constitute “spot zoning” which would permit a use which would be unsuitable, considering the existing use and development of adjacent and nearby property?
- Yes No? 6. Would the proposed change in zoning adversely affect existing use or usability of adjacent or nearby property?
- Yes No? 7. Are nearby residents opposed to the proposed zoning change?
- Yes No? 8. Do other conditions affect the property so as to support a decision against the proposal?

JKS. 7/11/23.

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DB

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