

RZN-24-33

Rezoning Application

Status: Active

Submitted On: 5/19/2024

Primary Location

2887 Rincon-Stillwell Road

Rincon, GA 31326


Owner

MORGAN M NEIL AND RENEE


T

RINCON STILLWELL RD 2887

RINCON, GA 31326

Applicant Michael Morgan 912-663-1754 neilmorgan61@gmail.com 2887 rinconstillwell rd
rincon, ga 31326

Staff Review

 **Planning Board Meeting Date***

07/09/2024

 **Board of Commissioner Meeting Date***

08/06/2024

 **Notification Letter Description ***

Rezoning to create a new home site.

 **Map #***

462

 **Parcel #***

35

 **Staff Description** **Georgia Militia District**

9

 **Commissioner District***

5th

🔒 Public Notification Letters Mailed

06/17/2024

🔒 Board of Commissioner Ads

07/17/2024

🔒 Planning Board Ads

06/19/2024

🔒 Request Approved or Denied

—

🔒 Plat Filing required* 

No

Applicant Information

Who is applying for the rezoning request?*

Property Owner

Applicant / Agent Name*

Michael Neil Morgan

Applicant Email Address*

neilmorgan61@gmail.com

Applicant Phone Number*

912-663-1754

Applicant Mailing Address*

2887 Rincon-Stillwell Rd

Applicant City*

Rincon

Applicant State & Zip Code*

Ga. 31326

Rezoning Information

How many parcels are you rezoning?*

1

Present Zoning of Property*

R-1 (Single Family Residential)

Proposed Zoning of Property*

Map & Parcel *

AR-1 (Agricultural Residential 5 or More Acres)

462-35

Road Name*

Proposed Road Access* 

Rincon-Stillwell Rd.

Rincon-Stillwell Rd.

Total Acres *

Acres to be Rezoned*

525

5.25

Lot Characteristics *

residential-wooded

Water Connection *

Sewer Connection

Private Well

Private Septic System

Justification for Rezoning Amendment *

To add an additional place of residence for family members.

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

North*

South*

ar1

ar1

East*

West*

i1

ar2

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

Residential

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

no

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

Residential

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

Residential-industrial

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

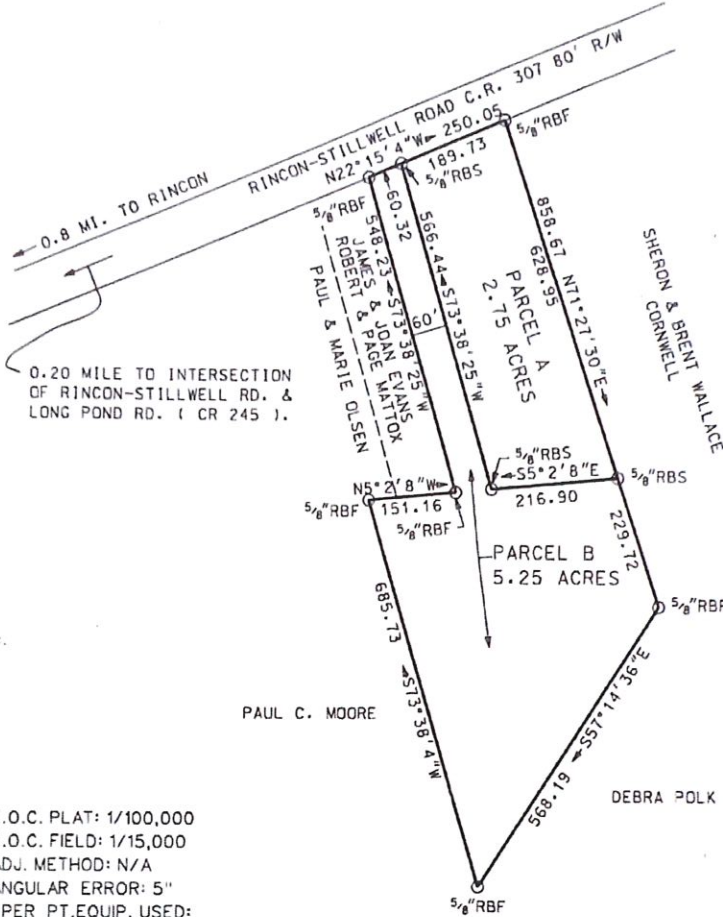
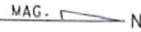
Shall not affect any adjacent property uses or vaules.

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

Digital Signature*

 Michael Neil Morgan
May 14, 2024



E.O.C. PLAT: 1/100,000
 E.O.C. FIELD: 1/15,000
 ADJ. METHOD: N/A
 ANGULAR ERROR: 5"
 PER PT.EQUIP. USED:
 TOPCON TOTAL STA.

APPROVED FOR RECORDING BY EFFINGHAM
 CO. ZONING ADMINISTRATOR
Don W. Paul 11/22/00
 ZONING ADMINISTRATOR DATE

REFERENCES:
 PLAT CABINET A.SLIDE 236-F
 DEED BK. 341, PG.612

APPROVED BY EFFINGHAM CO. DEPT. OF
 PUBLIC HEALTH, DIV. OF ENGINEERING AND
 SANITATION, SPECIFIC BUILDING SITES
 REQUIRE ADDITIONAL REVIEW AND APPROVAL.
James H. Mills 11-22-2000
 DIRECTOR DATE

PLAT OF 8.0 ACRES OF LAND DIVIDED
 INTO TWO PARCELS. LOCATED IN THE
 9th G.M. DISTRICT, EFFINGHAM COUNTY
 GEORGIA.
 FOR: WILLIE GEORGE MORGAN AND
 MARY ANN MORGAN



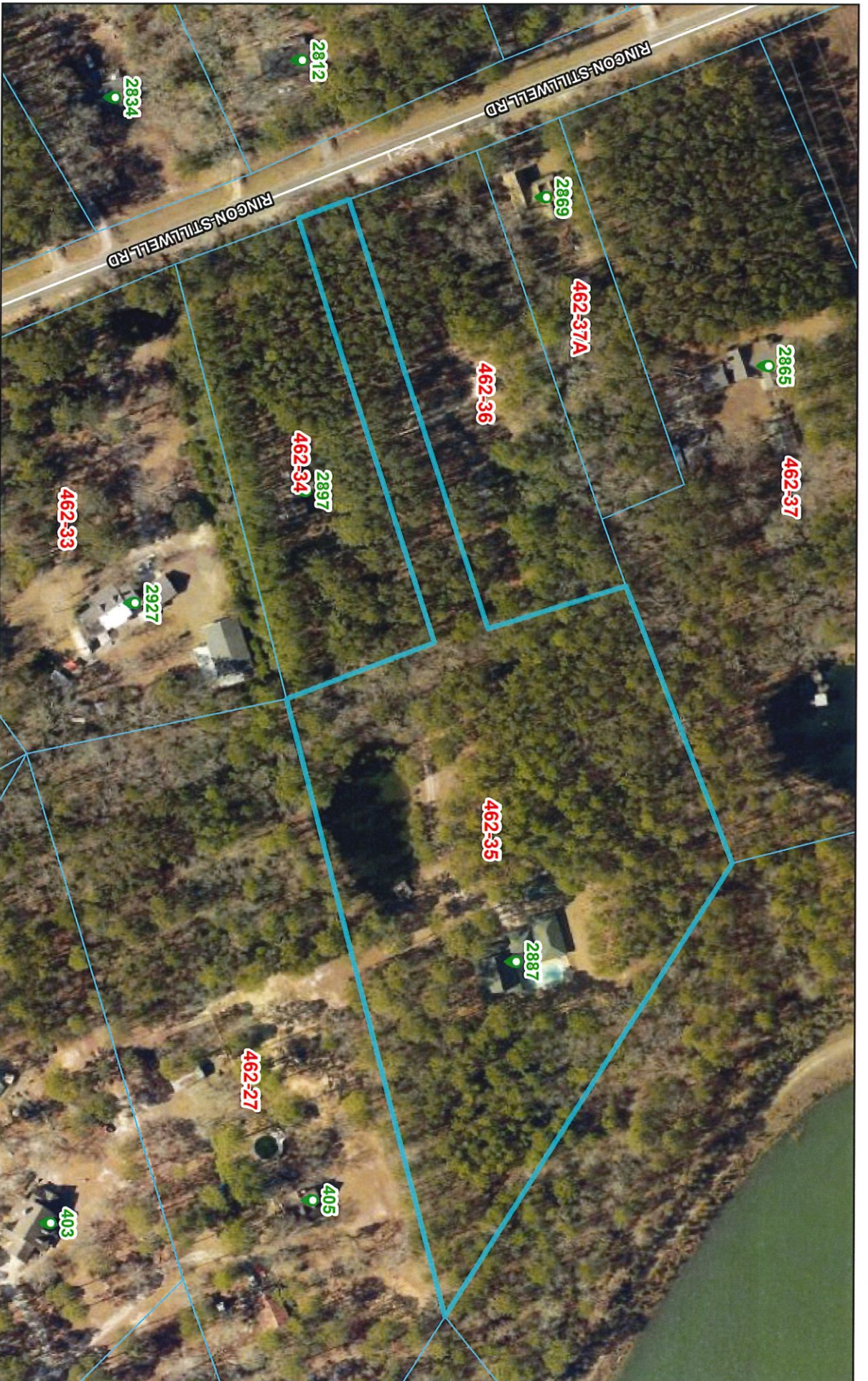
0 200 400
 SCALE: 1" = 200

DATE: 11/10/2000

ACCORDING TO FEMA FLOOD MAP
 130076-0130-B, DATED 3/18/87, THIS
 PROPERTY IS NOT WITHIN A DESIGNATED
 FLOOD HAZARD ZONE.

SURVEYED BY: JAMES H. MILLS
 MILLS SURVEYING, INC.
 5 SPANISH MOSS CIR.
 SAVANNAH, GA 31419

462-35



5/21/2024



Addresses

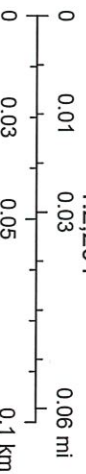


Tax Parcels

Roads

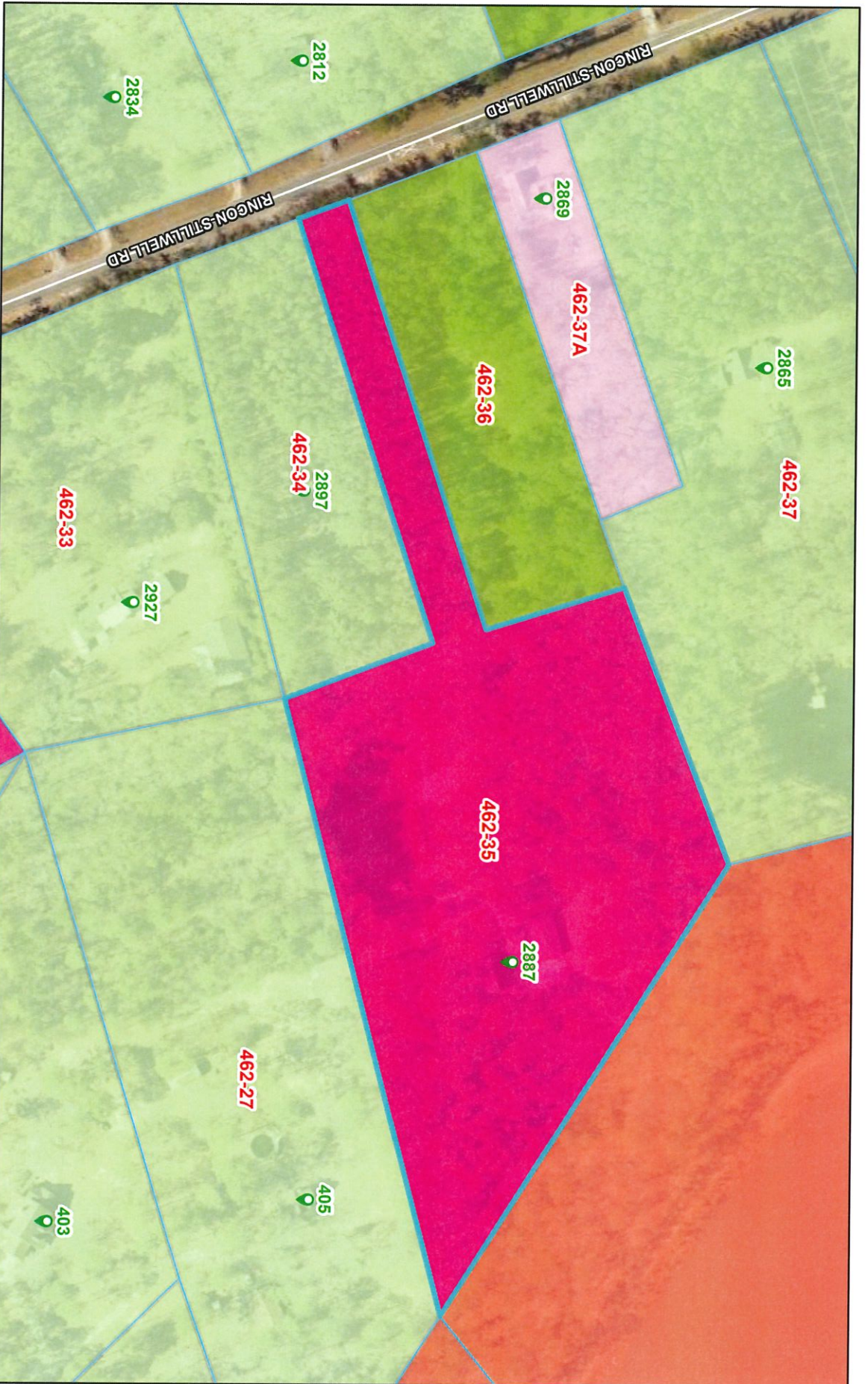
Tax Parcel Labels

1:2,201

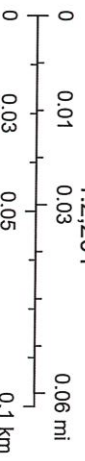


Est. HERE, Garmin, INCREMENT P, USGS, EPA, USDA

462-35



1:2,201



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

DISAPPROVAL

Of the rezoning request by applicant **Michael Morgan - (Map # 462 Parcels # 35)** from **R-1** to **AR-1** 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?

D.B.

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APPROVAL P.H.

DISAPPROVAL _____

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P.H. P.H.

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APPROVAL X

DISAPPROVAL _____

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CHECK LIST:

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APPROVAL X DISAPPROVAL _____

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B.S.