

**ATTACHMENT A – REZONING AMENDMENT APPLICATION**

Application Date: 3.2.2022

Applicant/Agent: James M. CARLSON

Applicant Email Address: admin@carlsonsandco.com

Phone # 912-655-7187

Applicant Mailing Address: 2077 Highway 119 North

City: Springfield State: Ga. Zip Code: 313

Property Owner, if different from above: \_\_\_\_\_

*Include Signed & Notarized Authorization of Property Owner*

Owner's Email Address (if known): admin@CarlsonsandCo.com

Phone # 912-655-7187

Owner's Mailing Address: 2077 Highway 119 N

City: Springfield State: GA Zip Code: 31329

Property Location: 2077 Highway 119 W Springfield GA 31329

Proposed Road Access: Highway 119 W

Present Zoning of Property: AW Proposed Zoning: AR2

Tax Map-Parcel # 387-1 Total Acres: 14.34 Acres to be Rezoned: + 3(7-) 3.87

Lot Characteristics: wooded

WATER

Private Well

Public Water System

SEWER

Private Septic System

Public Sewer System

If public, name of supplier: \_\_\_\_\_

Justification for Rezoning Amendment: create Homeshke

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

North AR-1 South AR-1 East AR-1 West AR-1

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

Farm land Surveyed one Acre For Home

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

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

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

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?

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?

Applicant Signature:

Jamaal Omba

Date

3/2/2021

**ATTACHMENT B - OWNERSHIP CERTIFICATION**

I, (we) the undersigned, do hereby certify that I (we) own the property affected by the proposed Amendment to the Effingham County Zoning Ordinance by virtue of a deed date 7/19/2019, on file in the office of the Clerk of the Superior Court of Effingham County, in Deed Book ~~93~~ 2536 page 23-24.

I hereby certify that I am the owner of the property being proposed for Rezoning Amendment Approval, and I have answered all of the questions contained herein and know the same to be true and correct. I hereby acknowledge that I have reviewed the application checklist, and further acknowledge that any omission of the items above will cause a delay in the review of my request.

Owner's signature James M. Carlson  
Print Name James M. Carlson

Owner's signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Owner's signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Sworn and subscribed before me this 2 day of March, 20 22.

Chelsie Fernald  
Notary Public, State of Georgia





STATE OF GEORGIA  
COUNTY OF EFFINGHAM

DOC# 006025  
FILED IN OFFICE  
7/19/2019 10:44 AM  
BK:2536 PG:23-24  
ELIZABETH Z. HURSEY  
CLERK OF SUPERIOR COURT  
EFFINGHAM COUNTY

**QUITCLAIM DEED**

PT-61 051-2019-001958

THIS INDETNTURE, made this 18<sup>th</sup> day of July, 2019, between, JOANN'S FLORIST, FLOWERS & GIFTS, LCC, a Georgia Limited Liability Company, as Party of the First Part, and JAMES M. CARLSON, of Effingham County, Georgia, as Party of the Second Part,

WITNESSETH:


That the said Party of the First Part for and in consideration of the sum of One (\$1.00) Dollar, cash in hand paid, the receipt and adequacy of which is hereby acknowledged, has bargained, sold, and does by these presents remise, release and forever QUITCLAIM to the said JAMES M. CARLSON, its successors and assigns, all of the right, title, interest, claim or demand the said Party of the First Part has or may have had in and to the following described property, to-wit:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF /  
SUBJECT TO covenants, restrictions and easements of record.

With all of the rights, members and appurtenances in anywise appertaining or belonging.

TO HAVE AND TO HOLD the said property and premises to the said Party of the Second Part so that neither the said Party of the Party of the First Part nor his heirs, administrators, executors and assigns, means, have, claim or demand any right or title to the aforesaid property and premises or its appurtenances or any right thereof.

IN WITNESS WHEREOF, the said Party of the First Part has hereunto set his hand and seal on the day and year first above written.

X   
\_\_\_\_\_  
JAMES M. CARLSON  
JOANN'S FLORIST, OWNER

Signed, sealed and delivered this 19<sup>th</sup>  
day of July, 2019, in the presence of:

X   
\_\_\_\_\_  
WITNESS

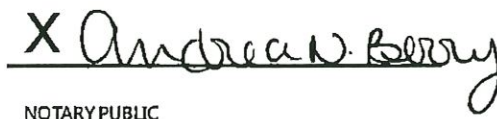
X   
\_\_\_\_\_  
NOTARY PUBLIC



EXHIBIT "A"

All that certain tract of parcel of land situate, lying and being in the 11<sup>th</sup> G.M. District, Effingham County, Georgia, containing Sixteen and Fifty- Four Hundreths (16.54) acres, more or less, being bounded on the north by lands of Frances Y. Seckinger; on the east by lands of Frances Y. Seckinger; on the south by lands of Pate and by Georgia State Highway 119; and on the west by lands of James and Harry Bird Zittrouer. Express reference is hereby made to the plat of said lands made by Warren E. Polythress, R.L.S. #1953, dated November 23, 2009, recorded in the office of the Clerk of the Superior Court of Effingham County, Georgia, in Plat Cabinet "D", Slide 42-A-1, for better determining the metes and bounds of said lands herein conveyed.

**TITLE NOTE EXAMINED NOR WARRANTED BY PREPARER OF DEED**



**Coastal Health District**  
Lawton C. Davis, M.D., District Health Director

802 Highway 119 South, Post Office Box 350  
Springfield, Georgia 31329  
Phone: 912-754-6850 | Fax: 912-754-0078

April 5, 2022

Effingham County Zoning Board  
Springfield, GA 31329

Re: Rezoning Amendment  
James M. Carlson  
2077 Highway 119 Springfield, GA 31329  
Pin: 387-1  
Total Acres: 14.34 Acres to be rezoned: 14.34

To Whom It May Concern:

The Effingham County Health Department, Division of Environmental Health, has reviewed the request to rezone the above referenced tract of land from AR-1 to AR-2. The proposed rezoning request is preliminarily approved based on the following supporting documents and does not meet the requirements for a proposed subdivision as defined by Rules of the Department of Public Health, Chapter 511-3-1.

- Completed Effingham County Rezoning Request Packet.

The following items must be submitted.

1. Completed Subdivision Application.
2. Completed Plat Review Application.
3. Level III soils overlay signed and stamped by the soil classifier on the Final Plat with Soil Suitability Description.
4. The following signature block should be used on all plats that require Health Department approval

Based upon the representations of the engineer/surveyor whose seal is affixed hereto and supplementary information provided, a review of the plat as represented by the said engineer/surveyor finds that this plat complies with the OSSMS regulations for a typical size residence of 3 or 4 bedrooms with basic appurtenances. Each lot must be reviewed and approved for On-Site Sewage Management System placement prior to the issuance of a construction permit. Modifications or changes in site designation may void this approval.



***We Protect Lives.***



This letter does not constitute a final approval, any matters overlooked or matters which arise after the date of this letter may result in additional conditions being applied or the proposed division of land being denied. The review is valid for one year from the date of this letter. If the survey plan has not been approved within this time, application must be made for an extension of the Preliminary Approval.

If you have any additional questions, please contact the Effingham County Health Department, Environmental Health Division, at (912) 754-6850.

Sincerely,

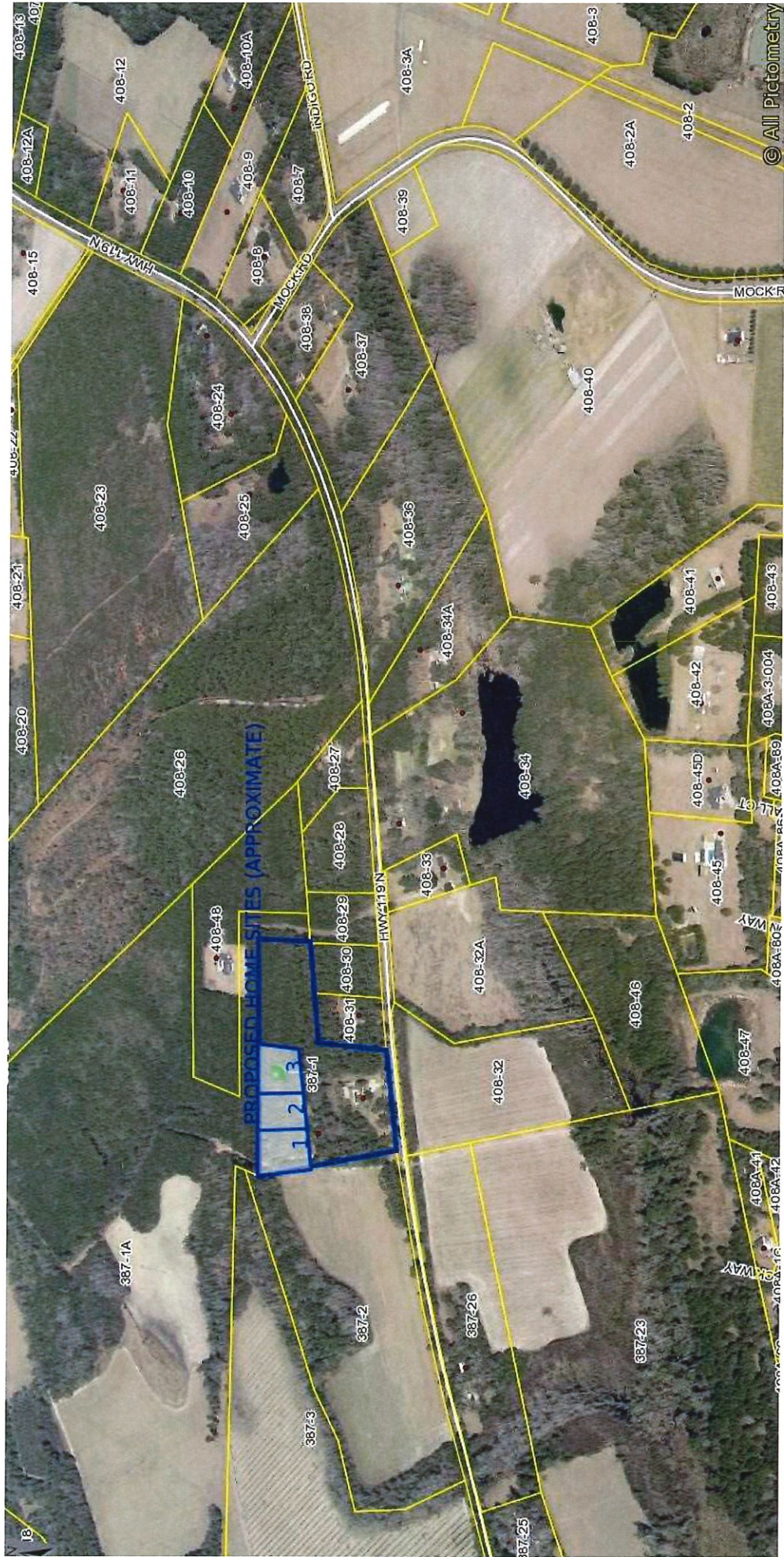


Darrell M. O'Neal, MPA  
Environmental Health County Manager  
Effingham County Health Department





# 2077 HIGHWAY 119 NORTH







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 **James M. Carlson – (Map # 387 Parcel # 1)** from **AR-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?



EFFINGHAM COUNTY REZONING CHECKLIST

RT

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APPROVAL ✓

DISAPPROVAL \_\_\_\_\_

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AZ

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?

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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?

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Pett



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*BKS*  
*4/18/22*