

ATTACHMENT A – REZONING AMENDMENT APPLICATION

Application Date: 1-5-23

Applicant/Agent: Jake Patrick

Applicant Email Address: jakepatrickrealtor@gmail.com

Phone # 912-663-7368

Applicant Mailing Address: 903 Nease Rd.

City: Guyton State: GA Zip Code: 31312

Property Owner, if different from above: _____
Include Signed & Notarized Authorization of Property Owner

Owner's Email Address (if known): _____

Phone # _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Location: 375 Riverside Dr. Guyton 31312

Proposed Road Access: Frontage on Riverside

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

Tax Map-Parcel # 254-6 Total Acres: 7.2 Acres to be Rezoned: 7.2

Lot Characteristics: Residence.

WATER

Private Well

Public Water System

If public, name of supplier: _____

SEWER

Private Septic System

Public Sewer System

Justification for Rezoning Amendment: proposed lots will not meet 5 acre minimum for AR-1

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.

Residential

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

Yes

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

3 home sites

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?

No change to use

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:

Shannon Patrick

Date

1-5-23

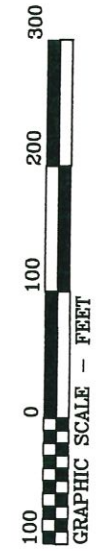
SURVEYOR'S CERTIFICATION

As required by subsection(d) of O.C.G.A. Section 15-6-67, this plat has been prepared by a land surveyor and approved by all applicable local jurisdictions for recording as evidenced by approval certificated, signatures, stamps or statements hereon. Such approvals or affirmations should be confirmed with the appropriate governmental bodies by any purchaser or user of this plat as to intended use of any parcel. Furthermore, the undersigned land surveyor certifies that this plat complies with the minimum technical standards for property surveys in Georgia as set forth in the rules and regulations of the Georgia Board of Registration for Professional Engineers and Land Surveyors and as set forth in O.C.G.A. Section 15-6-67.

WARREN E. POYTHRESS, REGISTERED LAND SURVEYOR, NO. 1953
 DATE 6-22-22



Z:\PAT\RIVERSIDE DRIVE AND NUDKARDJUNG\PPATAC.PATAC



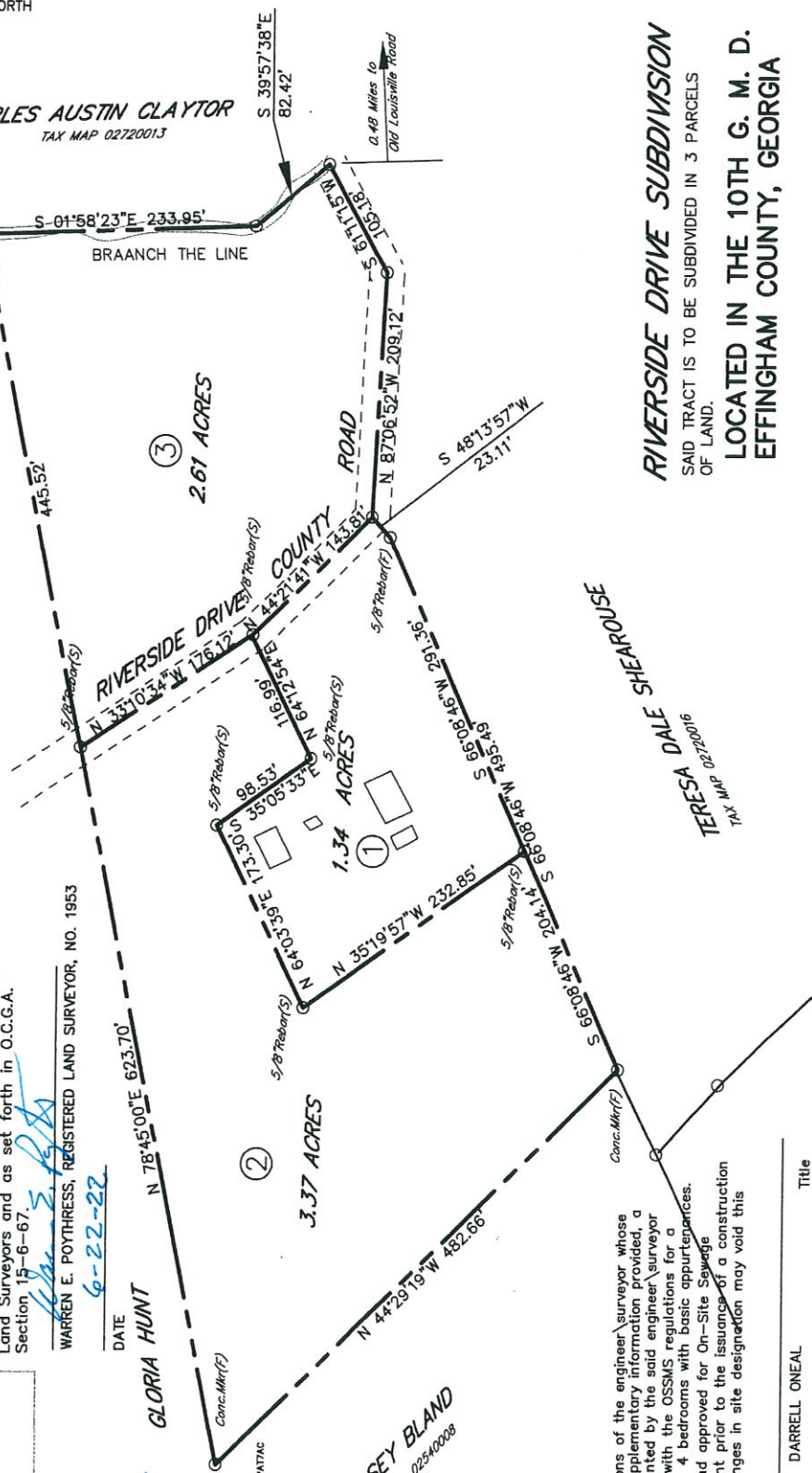
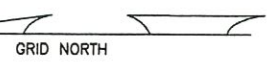
APPROVAL EFFINGHAM COUNTY:
 APPROVED FOR RECORDING BY
 EFFINGHAM COUNTY ZONING
 ADMINISTRATION.

DATE: JUNE 22, 2022
 By: Warren E Poythress
 Registered Land Surveyor No. 1953
 Address: 991 Hunters Road
 Swain, Georgia 30467
 Cell Phone - 912-531-1453
 Telephone: 912-857-3288
 Equipment - Sokkia GRS2 - GPS
 Topcon 303
 FINAL PLAT CLOSURE =

GLORIA HUNT
 TAX MAP 02510005

CHARLES AUSTIN CLAYTOR
 TAX MAP 02720013

ZONING ADMINISTRATOR
 DATE
 30' offset (F)



GLORIA HUNT
 Conc. Mkt (F)

CASEY BLAND
 TAX MAP 02540008

Based upon the representations of the engineer/surveyor whose seal is affixed hereto and supplementary information provided, a review of this 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 Sewerage Management System placement prior to the issuance of a construction permit. Modifications or changes in site designation may void this

Signing Authority DARRELL ONEAL
 Title

RIVERSIDE DRIVE SUBDIVISION
 SAID TRACT IS TO BE SUBDIVIDED IN 3 PARCELS
 OF LAND.
LOCATED IN THE 10TH G. M. D.
EFFINGHAM COUNTY, GEORGIA

TERESA DALE SHEAROUSE
 TAX MAP 02720016

AUTHORIZATION OF PROPERTY OWNER

I, Shannon Patrick, being duly sworn upon his/her oath, being of sound mind and legal age deposes and states; That he/she is the owner of the property which is subject matter of the attached application, as is shown in the records of Effingham County, Georgia

I authorize the person named below to act as applicant in the pursuit of a Rezoning Amendment Approval. I acknowledge and accept that I will be bound by the decision of the Board of Commissioners, including any conditions, if the application is approved.

Name of Applicant/Agent: Shannon Patrick

Applicant/Agent Address: 903 Nease Rd.

City: Auiston State: Ga Zip Code: 3312

Phone: 904-603-7368 Email: jakepatrickrealtor@gmail.com

Owner's signature Shannon Patrick

Print Name Shannon Patrick

Personally appeared before me _____ (Owner print)

Who swears before that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

Sworn and subscribed before me this 5th day of January, 2023.

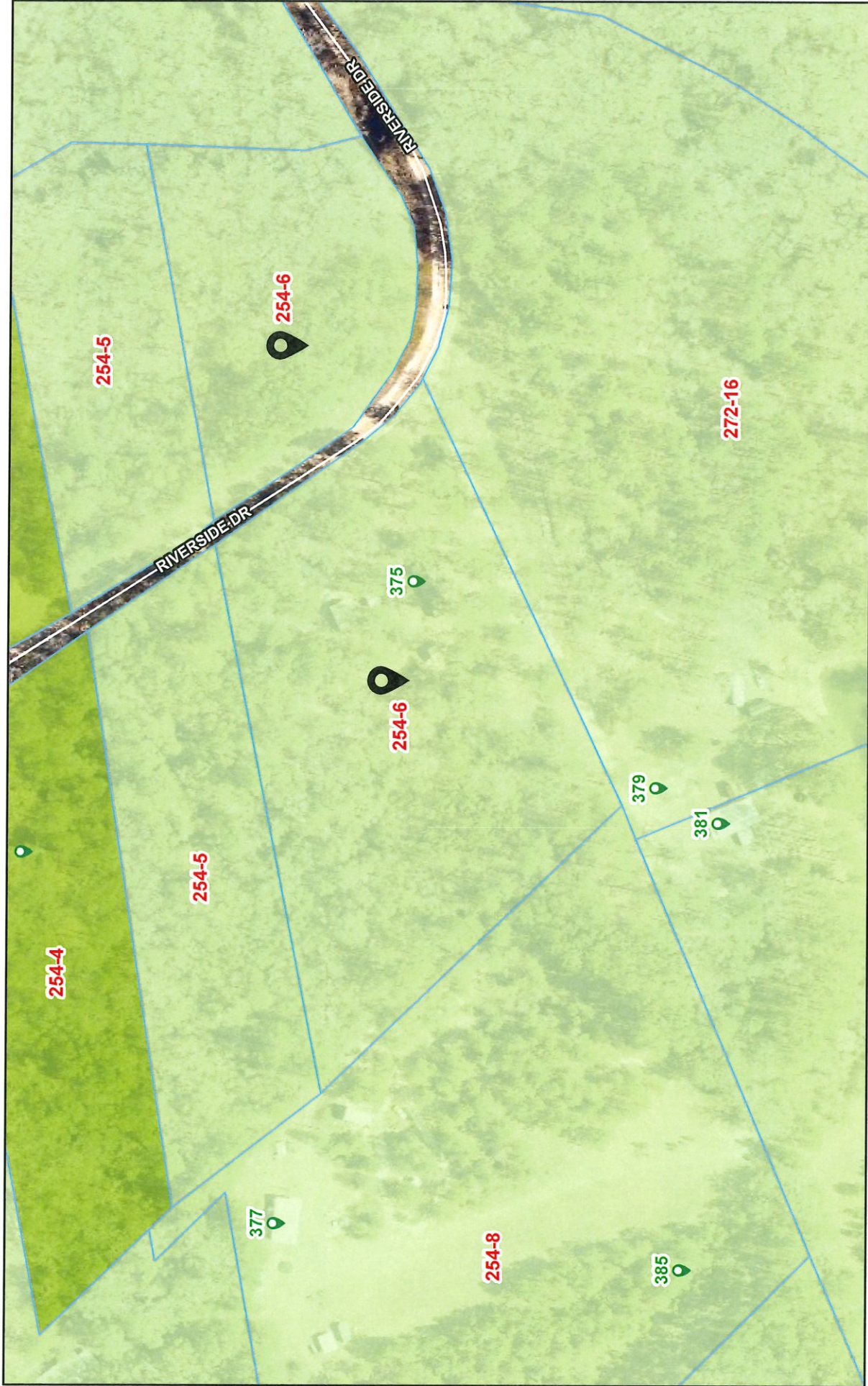
Kathleen Erin Dunnigan
Notary Public, State of Georgia



254-6



375 Riverside Dr



1/10/2023

1:2,257



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

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 *RP* DISAPPROVAL _____

Of the rezoning request by applicant **Jake Patrick-- (Map # 254 Parcel # 6)** 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?

RP

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The Effingham County Planning Commission recommends:

APPROVAL

DISAPPROVAL

DB

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CHECK LIST:

[Handwritten signature]

The Effingham County Planning Commission recommends:

APPROVAL X DISAPPROVAL _____

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