



City of Darien  
P.O Box 452 | 106 Washington Street | Darien, GA 31305 | (912) 437-6686 | Fax (912) 437-2208

### Application for Zoning Map Amendment

Name of Project: \_\_\_\_\_

Description of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Location of Property: \_\_\_\_\_  
\_\_\_\_\_

Tax Map# and Parcel I.D.#: \_\_\_\_\_

Last Year Tax Paid: \_\_\_\_\_

### Applicant

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Owner

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Surveyor

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Request

Existing Zoning: \_\_\_\_\_

Requested Zoning: \_\_\_\_\_

Area of Property (square feet or acres): \_\_\_\_\_

Public or Private Street: \_\_\_\_\_

Water Supply Type: \_\_\_\_\_

Existing use of Land: \_\_\_\_\_

Requested use: \_\_\_\_\_

Property Frontage: \_\_\_\_\_

Paved or Unpaved Street Access: \_\_\_\_\_

Sewage Disposal Type: \_\_\_\_\_

JUSTIFICATION FOR REQUEST *(please address the following questions)*

Would be in Harmony with the Character of the Neighborhood Because-

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Would not be detrimental to property or persons in the area because-

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