CITY OF TYBEE ISLAND
SPECIAL REVIEW APPLICATION

Fee $500

Address or location of subject property: _____

PIN#_____ Applicant's Name: _____

Applicant's Mailing Address: _____

Phone/Email: _____

Brief description of the land development activity and use of the land thereafter to take place on the property:

_____

Property Owner's Name: _____

Phone/Email: _____

Owner's Mailing Address: _____

Is Applicant the Property Owner? ____ Yes ____ No

Current Zoning of Property: _____ Current Use: _____

If within two (2) years immediately preceding the filing of the Applicant's application for a zoning action, the Applicant has made campaign contributions aggregating to more than $250 to the Mayor and any member of Council or any member of the Planning Commission, the Applicant and the Attorney representing the Applicant must disclose the following:

a. The name of the local government official to whom the campaign contribution or gift was made;
b. The dollar amount of each campaign contribution made by the applicant to the local government official during the two (2) years immediately preceding the filing of the application for this zoning action, and the date of each contribution;
c. An enumeration and description of each gift having a value of $250 or more made by the Applicant to the local government official during the two (2) years immediately preceding the filing of the application for this zoning action.

_____ _____

Signature of Applicant Date

Additional information may be required for each Special Review. Please contact staff for details.

Incomplete applications will not be processed. Only applications deemed complete by staff will be placed on upcoming agendas of the Planning Commission and the City Council.

NOTE: This application may require any and all of the following information, if applicable, and when requested by staff:

_____8 copies, no smaller than 11 x 17, of the proposed site plan and architectural renderings.

_____8 copies, no smaller than 11 x 17, of the engineered drainage and infrastructure plan.

_____8 copies, no smaller than 11 x 17, of the existing tree survey and the tree removal and landscaping plan.

_____8 copies, no smaller than 11 x 17, of a valid survey or filed plat of the property, signed and sealed by a State of Georgia certified land surveyor

_____Disclosure of Campaign Contributions

_____Letter of Authorization (if applicable) granting the Applicant permission to conduct such request and land development on behalf of the property owner.

_____Electronic versions of application and/or supporting documents

_____Other

The city staff may require elevations or other engineering or architectural drawings covering the proposed development.

The Applicant certifies that he/she has read the requirements for Site Plan Approval and has provided the required information to the best of his/her ability in a truthful and honest manner.

_____ _____

Signature of Applicant Date

STAFF USE ONLY

Date received: _____ Received by_____

*Fee Amount $*_____*Check Number* _____*Date*_____

PUBLIC HEARING DATES:

Planning Commission_____City Council _____

DECISION: (Circle One) Approved Denied

Approved with Conditions: _____

Rev: 7/2/2025

CITY OF TYBEE ISLAND

CONFLICT OF INTEREST IN ZONING ACTIONS
DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Have you within the past two (2) years made campaign contributions or gave gifts having an aggregate value of $250.00 or more to a member of the City of Tybee Island Planning Commission, or Mayor and Council or any local government official who will be considering the rezoning application?

YES _____ NO _____

IF YES, PLEASE COMPLETE THE FOLLOWING SECTION:

NAME OF GOVERNMENT OFFICIAL	CONTRIBUTIONS OF $250.00 OR MORE	GIFTS OF $250.00 OR MORE	DATE OF CONTRIBUTION

IF YOU WISH TO SPEAK CONCERNING THE ATTACHED REZONING APPLICATION, THIS FORM MUST BE FILED WITH THE ZONING ADMINISTRATOR FIVE (5) DAYS PRIOR TO PLANNING COMMISSION MEETING IF CAMPAIGN CONTRIBUTIONS OR GIFTS IN EXCESS OF $250.00 HAVE BEEN MADE TO ANY MEMBER OF THE PLANNING COMMISSION OR MAYOR AND COUNCIL.

Signature _____

Printed Name _____

Date _____