



Application for Annexation

Tax Map Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address of subject property: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Housing Units: \_\_\_\_\_ Other Buildings: \_\_\_\_\_

Total Acreage \_\_\_\_\_

Please Include the Following:

- A. Sketch Site Plan - Show location of existing buildings and other improvements, if applicable.
- B. Property Description - A legal description and plat.
- C. Copy of Property Deed
- D. Current Zoning Certification letter
- E. Fee - No fees required.
- F. Petition Requesting Annexation – Owner(s) must complete Page 2.
- G. Authorization by Property Owner – Owner(s) must complete Page 3.

\_\_\_\_\_  
Applicant Signature

Petition Requesting Annexation

DATE \_\_\_\_\_

TO THE HONORABLE MAYOR AND COUNCIL OF THE CITY OF SPRINGFIELD,  
GEORGIA

1. The undersigned, as owner of all real property of the territory described herein, respectfully requests that the City Council annex this territory to the City of Springfield, Georgia, and extend the City boundaries to include the same.

2. The description of such territory area is as follows:

Address/Location of Property: \_\_\_\_\_

Current Tax Map Number: \_\_\_\_\_

See description attached.

3. Is the territory described herein contiguous,  
or across the road from the City’s current boundaries? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(if yes, see page 4)*

4. It is requested that this territory to be annexed shall be zoned:

R-1 R-2 R-3 R-4 B-1 I-1 PUD DT RO AR-1

for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, the Petitioners pray that the City Council of the City of Springfield, Georgia, pursuant to the provisions of the Acts of the General Assembly of the State of Georgia, Georgia Laws, 1946, do by proper ordinance annex said property to the City Limits of the City of Springfield, Georgia.

Respectfully Submitted,

\_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Owner(s)

Authorization by property owner

I swear that I am the owner of the property which is the 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 an annexation request of this property.

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner