



## Application Checklist

---

Please complete this form when accepting an Alteration to Rezoning Conditions. For processing a Rezoning request or map/text amendments, application shall be submitted in accordance with a schedule adopted annually by the City Council. Each application shall be submitted at least 50 days prior to the date on which it is to be considered by the City Council and in any event in sufficient time so as to permit advance advertising and notice of any public hearing(s).

### ALL DOCUMENTS ARE REQUIRED IN ORDER TO ACCEPT APPLICATION.

Please check the following items being submitted:

- 1. **Application Form:** Completed, signed and **notarized** by property owner. Application must have property owner's original signature.
- 2. **Campaign Disclosure Form:** Signed and notarized by the applicant and agent.
- 3. **Letter of Ownership:** Letter stating that the property owner is aware of the request and/or owns the property in question.
- 4. **Letter of Intent:** Must clearly state the proposed use and development intent
- 5. **Survey Plat (8 ½ x 11):** Prepared plat of the **Subject Property** that has been sealed within the last ten years by a professional engineer, landscape architect or land surveyor registered in the State of Georgia. Said survey plat shall: 1) indicate the complete boundaries of the subject property and all buildings and structures existing therein; 2) Include a notation as to whether or not any portion of the subject property is within the boundaries of the 100 year floodplain; and 3) Include a notation as to the total acreage or square footage of the subject property
- 6. **Conceptual Site Plans (max. 24 x 36):** Twenty (20) copies that illustrates minimum details of the development standards: Buildings, setbacks, buffers, road frontage, correct scale, north arrow, present zoning classification, topographic information to show elevation and drainage, location and extent of required buffers, proposed lot layout.
- 7. **Fee:** As listed on the Fee Schedule to defray the administrative and processing costs.

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# Alteration to Rezoning Condition

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address Applicant: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address Agent: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**THE APPLICANT NAMED ABOVE AFFIRMS THAT THEY ARE THE OWNER OR AGENT OF THE OWNER OF THE PROPERTY DESCRIBED BELOW AND REQUESTS:** (PLEASE CHECK THE TYPE OF REQUEST OR APPEAL AND FILL IN ALL APPLICABLE INFORMATION LEGIBLY AND COMPLETELY).

For the Purpose of \_\_\_\_\_  
(Type of Development)

Address of Property: \_\_\_\_\_ Nearest intersection to the property: \_\_\_\_\_  
(Street Address, if Applicable, Nearest Intersection, Etc.)

Land Lot Number(s): \_\_\_\_\_, District(s): \_\_\_\_\_, County: \_\_\_\_\_

Size of Tract: \_\_\_\_\_ acre(s) Gross Density: \_\_\_\_\_ units per acre Net Density: \_\_\_\_\_ units per acre

Property Tax Parcel Number(s): \_\_\_\_\_ **(Required)**

Adjacent Property Owners:

North: \_\_\_\_\_

East: \_\_\_\_\_

South: \_\_\_\_\_

West: \_\_\_\_\_

Witness Signature \_\_\_\_\_

Signature of Owners/s \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_

Printed Name of Owners/s \_\_\_\_\_

Notary \_\_\_\_\_

Signature of Agent \_\_\_\_\_

**(For Office Use Only)**

Total Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_ *(FEES ARE NON-REFUNDABLE)*

Application checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Map Number(s): \_\_\_\_\_

Planning Commission action: Approved  Denied  Date: \_\_\_\_\_ Conditions: No  Yes  How many: \_\_\_\_\_

City Council Decision: Approved  Denied  Date: \_\_\_\_\_ Conditions: No  Yes  How many: \_\_\_\_\_

Planning Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Applicant Campaign Disclosure Form

## Disclosure of Campaign Contributions

In accordance with the Conflict of Interest in Zoning Act, O.C.G.A., Chapter 36-67A, the following questions must be answered:

Has the applicant<sup>1</sup> made, within two (2) years immediately preceding the filing of this application for rezoning, campaign contributions aggregating \$250 or more or made gifts having in the aggregate a value of \$250 or more to a member of the City Council or Planning Commission who will consider the application?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, the applicant and the attorney representing the applicant must file a disclosure report with the City within ten (10) days after this application is first filed. Please supply the following information that will be considered as the required disclosure:

| Council/Planning Commission Member Name | Dollar amount of Campaign Contribution | Description of Gift \$250 or greater given to Board Member |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

We certify that the foregoing information is true and correct, this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Applicant's Name - Printed

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

\_\_\_\_\_  
Applicant's Attorney, if applicable - Printed

\_\_\_\_\_  
Signature of Applicant's Attorney, if applicable

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Notary Public

1. Applicant means any individual or business entity (corporation, partnership, limited partnership, firm enterprise, franchise, association, or trust) applying for rezoning or other action.