



# Carroll County Department of Community Development

423 College Street  
P.O. Box 338

Carrollton, GA 30117  
(770) 830-5861

## APPLICATION FOR REZONING

*Application must be filed by noon on the 3<sup>rd</sup> Tuesday of the month to go on the next month's agenda.* A pre-application conference with staff is required before the application can be submitted. Please complete the blanks with the requested information. If any of the information or required materials is missing or incomplete, the application will not be processed.

**APPLICANT**

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agent Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner Name (If different from applicant):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ - \_\_\_\_\_

*(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)*

**REZONING**

**Project Name:** \_\_\_\_\_  
**Rezoning Location** (attach location map): \_\_\_\_\_  
**Current Zoning:** \_\_\_\_\_  
**Proposed Zoning:** \_\_\_\_\_  
**Proposed Use:** \_\_\_\_\_  
*(If residential, the residence must be at least 1,230 square feet, or as expressly approved by the Board of Commissioners)*  
**Total acreage:** \_\_\_\_\_  
**Describe Proposed Rezoning:** (attach additional sheets if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STAFF USE ONLY**

Land Lot \_\_\_\_\_ of the \_\_\_\_\_ District, Carroll County Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_  
 Date Application Filed: \_\_\_\_\_ County Recipient: \_\_\_\_\_  
 Advertisement Date: \_\_\_\_\_ Sign Posting to before this date: \_\_\_\_\_  
 Planning Commission First Reading Date: \_\_\_\_\_  
 Planning Commission Hearing Date Scheduled: \_\_\_\_\_ at 6:30 p.m.  
 County Commissioners Hearing Date Scheduled: \_\_\_\_\_ at 6:30 p.m.  
 Rescheduled Hearing Date, if required: \_\_\_\_\_ Application No: \_\_\_\_\_  
 Application Withdrawn with/without Prejudice: *(please circle)*  
 Zoning Personnel: \_\_\_\_\_ Letter Sent to Applicant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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## COMPREHENSIVE PLAN

**Describe how the proposed Rezoning will affect:**

Traffic: \_\_\_\_\_

\_\_\_\_\_

Parking: \_\_\_\_\_

\_\_\_\_\_

Availability of Public Facilities/Utilities: \_\_\_\_\_

\_\_\_\_\_

Other relevant Impacts of the Proposal: \_\_\_\_\_

\_\_\_\_\_

**Describe how the proposed Rezoning will be a benefit to the public.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions as completely and accurately as possible. This zoning application will be submitted for review to various departments; therefore, any incomplete answers may delay the review process.**

*– Attach additional sheets as necessary. –*

## REZONING QUESTIONS

1. Has the landowner or any person undertaken or initiated any efforts to develop the property in its existing zoning classification? Please provide a complete statement of the efforts for such development?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is development under the present zoning classification infeasible? If yes, please provide a complete statement describing why development is infeasible?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does the applicant know of similarly situated properties, within ½ to 1 mile, that have been developed in a manner as proposed? If so, please list the location of the similar property with respect to the subject property.

\_\_\_\_\_

\_\_\_\_\_

4. Is the subject property a portion of a larger tract?  Yes  No If yes, please describe the original tract size, and what portion you are requesting to rezone:

\_\_\_\_\_

\_\_\_\_\_



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REZONING QUESTIONS CONTINUED

5. Are there any houses, barns, mobile homes, commercial buildings, or structures presently located on the subject property? If so, please identify the number of structures and their type:

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6. List the type of structures you propose to construct if the subject property is re-zoned. If proposing the development of a subdivision, please describe the style, minimum square footage, proposed number of homes, number of phases, and price range of the homes:

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7. Please state any pertinent facts, circumstances, events, and or documents that should be considered to support a decision to rezone the property to the proposed zoning classification and use.

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8. Will your proposed use add additional residents to the property? If so, how many new residents do you anticipate will eventually move onto the property? \_\_\_\_\_ How many households during the first year? \_\_\_\_\_

9. Has the applicant conducted any studies in connection with the proposed rezoning? If yes, please provide.

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10. Please identify any public utility (including water, sewer, gas, electricity, and other public utilities) which would be required for the proposed development of the property and are not available at the time of this application.

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11. Disclosure Requirements per O.C.G.A. Section 36-67A . Has the owner and/or the applicant (or any person or attorney representing such in the re-zoning process) made campaign contributions totaling more than \$250 to any local government official who will consider this application?  Yes  No If yes, please state the name of the official(s) and the position held by each official, and the dollar amount and description of each campaign contribution made to each official within two years preceding the filing of this application.

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## Rezoning Application

Submittal Requirements

Case No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**A pre-application conference with staff must take place prior to the submittal of a rezoning application.**

An application **MUST** have the following to be accepted:

1. Copy of the deed of the property.
2. Names and addresses of all property owner(s) who have property adjoining the tract which has been petitioned to be rezoned.
3. If the property owner and applicant is not the same person, complete the authorization of property owner form.
4. Copy of the proposed development plan (subdivision layout, site plans etc.)
5. Pay non-refundable filing fee, which has been established by the Board of Commissioners.

### **Rezoning Fee Schedule:**

**0 – 1 Acres - \$350**

**2 – 5 Acres - \$350, plus \$50 for each additional acre**

**6+ Acres - \$ 550, plus \$25 for each additional acre**

6. Completed Parcel Information Sheet filled out by Staff or an official in the Map Room.
7. Current Boundary Survey.

**APPLICATION WILL NOT BE PROCESSED IF ANY OF THE ABOVE REQUIRMENTS ARE MISSING.**

### **Return Form to:**

*Janet Hyde, County Planner  
Department of Community Development  
423 College Street*

*Carrollton, Georgia 30117*



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**PARCEL INFORMATION SHEET**  
**APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**  
To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 <sup>ST</sup> :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
<b>CURRENT ZONING CLASSIFICATION</b>			
<b>REQUIRED SETBACKS</b>		FRONT	
		SIDE	
		REAR	
<b>CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST</b>			
<input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification			
Signature of County Planner or Designee: _____ Date: _____			
Comments: _____			
<b>CDP COMPLIANCE</b>	<input type="checkbox"/> YES	Signature of CDP Administrator or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		
PLAT APPROVED	<input type="checkbox"/> YES	Signature of County Engineer or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		
<u>APPROVED FOR NEW ADDRESS</u>	<input type="checkbox"/> YES	Signature of County Planner or Designee: _____ Date: _____	
	<input type="checkbox"/> NO		



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## SKETCH OF PROPERTY

Please check:  COMMERCIAL  OTHER: \_\_\_\_\_

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other structures.
- Show the **dimensions** of the lot and all setbacks from the house and other structures to all property lines.
- The front setback shall always be measured from the centerline of the frontage road(s).
- Show location of any wells, trash pits, and all easements (drainage or utility) located on the property.
- Show distance to nearest stream or lake on property. If not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: \_\_\_\_\_

Describe the type of structure that you plan to build: *(A residence must be at least 1,230 square feet unless expressly approved by the Board of Commissioners)* \_\_\_\_\_

Is this a multiple road frontage lot? \_\_\_\_\_

Sketch of Property



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STATE OF GEORGIA  
COUNTY OF CARROLL



## AFFIDAVIT FOR A REZONING APPLICATION

\_\_\_\_\_, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **REZONING APPLICATION** under the Ordinances of Carroll County:

*The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.*

*On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.*

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT (signature)

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

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

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

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

Entity:  
Address:

My Commission Expires:

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



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## Rezoning Application

Authorization of Property Owner

THIS FORM TO BE COMPLETED ONLY IF APPLICANT AND OWNER ARE NOT THE SAME PERSON(S).

Applicant is person submitting the rezoning application. Owner is the property owner.

**(Please type or legibly print)**

**Property Address:**

\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ (Owner's Name), personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted a Rezoning under the Ordinances of Carroll County:

I affirm that I am the owner of the property that is the subject of the attached application, as shown in the records of Carroll County, Georgia. I authorize the person named above to act as applicant in the pursuit of rezoning this property.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT (Owner's signature)

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

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

My Commission Expires:





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## Appearance Statement

### Appearance Before Commission Bodies Required

To process the application for Rezoning, the Developer, Owner, Applicant, Agent or a Representative thereof must be present to *personally* request said Rezoning before BOTH the Planning Commission AND the Board of Commissioners.

Failure to personally appear before *either* required Board may result in denial of request, or an extended waiting period before the next available meeting. *Requests that are denied by the Board of Commissioners cannot be re-submitted for consideration for a term not less than one (1) year from the date of the denial by the Board of Commissioners.*

The Planning Commission will hear your request on: \_\_\_\_\_ at 6:30 PM

The Board of Commissioners will hear your request on: \_\_\_\_\_ at 6:00 PM

### **IMPORTANT**

A Rezoning Notice shall be placed on the subject property until after a decision is rendered in the case. Failure to maintain the sign *will delay your application for 30 days*. It is the sole responsibility of the owner/applicant to maintain its placement until after a decision has been rendered. Owner/applicant shall notify Community Development immediately if the sign is removed, defaced, incorrect etc.

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

Date. \_\_\_\_\_

- \* All Planning Commission meetings are held in Room 501 at 423 College Street, Carrollton, GA 30117.
- \* All Board of Commissioner meetings are held in the Historic Courthouse at 323 Newnan Street, Carrollton, GA 30117
- \* Unless otherwise stated.



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## Rezoning Application Application Process

Pre-application required before filing application.

### Application Filed with Department

- Staff reviews application for completeness
- Once complete, placed on agenda for Planning Commission & Board of Commissioners

### Notification

- Notice of application made public
- Newspaper, sign posed, & letter sent to adjacent property owners

### Planning Commission Public Hearing

- Set for 4<sup>th</sup> Tuesday of the following month at 6:30
- Consideration of staff analysis, applicant, and public testimony
- Issue a recommendation to the BOC

### Commission Recommendation

**DENIAL**

**APPROVAL**

### Board of Commissioners Public Hearing

- Set for 1st Tuesday of month after Planning Commission at 6:00
- Consideration of Commission action and staff, applicant and public testimony

**DENIAL**

**APPROVAL**

### Board of County Commissioners Action

### Notice of Final Determination

If denied, no application can be made on the property for the next 12 months.