

Rezoning Application

Carroll County
423 College Street

Department of Community Development
Carrollton, GA 30117 (770) 830-5861



Application must be filed by noon on the 3rd 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: _____
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Application Withdrawn with/without Prejudice: *(please circle)*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:** _____ / _____ / _____

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. _____

REZONING QUESTIONS

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. –

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:

**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:

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:

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.

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.

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.

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.

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. Signatures of owner(s) of the property stating they have no objection to the property being petitioned to be rezoned.
3. Names and addresses of all property owner(s) who have property adjoining the tract which has been petitioned to be rezoned. This information can be obtained in the Map Office of the Carroll County Tax Assessor's in Room 414 of the David Perry Administration Building.
4. Two 24" x 36" aerial photographs of the property. This can also be obtained from the Map room.
5. If the property owner and applicant is not the same person, complete the authorization of property owner form.
6. 25 copies of the proposed development plan (subdivision layout, site plans etc.)
7. 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

8. Completed Parcel Information Sheet filled out by Staff or an official in the Map Room.
9. 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*

**PARCEL INFORMATION SHEET &
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**

To be completed by Community Development Staff with information from www.carrolltax.com or to be filled out by Map Room Personnel in Room #414.

DEPARTMENT STAFF/MAP ROOM OFFICIAL: _____

LAND LOT: _____ **MAP:** _____

DISTRICT: _____ **PARCEL:** _____

CURRENT PROPERTY OWNER: _____

PROPERTY OWNER AS OF JANUARY 1ST: _____

APPLICANT (IF DIFFERENT FROM OWNER): _____

PROJECT ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: _____

SUBDIVISION: _____ **LOT #:** _____

ACREAGE: _____ **PARCEL SPLIT FROM:** _____

To be completed by the County Planner

CURRENT ZONING CLASSIFICATION

REQUIRED SETBACKS	FRONT	_____
	SIDE	_____
	REAR	_____

CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST

- Owner(s) & Agent (if applicable)
- Legal Description or Adequate Description of Property
- Complete Inventory of Existing Structures (noting uses & non-conforming structures)
- Complete Inventory of Proposed Structures
- Complete Inventory of Existing Uses and/or Activities
- Applicant's Certification

Signature of County Planner or Designee: _____ **Date:** _____

To be completed by the Corridor Development Plan Administrator

Signature of CDP Administrator or Designee:

CDP COMPLIANCE YES NO _____

Date: _____

To be completed by the County Engineer

_____ Plat Approved _____ Plat Not Approved

Signature of Engineer or Designee: _____ **Date:** _____

APPROVED FOR NEW ADDRESS

YES NO

Signature of County Planner or Designee:

Date: _____

Sketch of Property

Please check: CONVENTIONAL MANUFACTURED HOME COMMERCIAL
 ACCESSORY BUILDING OR ADDITIONS OTHER:

- ⇒ Provide a sketch of proposed building location, driveway, septic tank location and all additional structures
- ⇒ Show the *dimensions* of the lot and setbacks from the house and other structures to property lines
- ⇒ Note any wells, trash pit locations, streams, or lakes on property
- ⇒ The four (4) corners of the house must be clearly staked **before** the initial site review can be done
- ⇒ Show the Northerly Direction with a **North Arrow**

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

Describe the type of structure that you plan to build: _____

Is this a Multiple Road Frontage Lot: _____

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:

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:

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 the Commission Chambers of the David Perry Administration Building located 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.

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

DENIAL

Commission Recommendation

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

**Board of County Commissioners
Action**

APPROVAL

Notice of Final Determination

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