

**SPALDING COUNTY
REQUEST FOR ZONING MAP CHANGE
APPLICATION NO. _____**

AGENT/DEVELOPER INFORMATION

(If not owner)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Contact Person: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Phone: _____

APPLICANT IS THE:

_____ Owner's Agent

_____ Property Owner

_____ Developer

Present Zoning District(s): _____

Requested Zoning District(s): _____

Land District(s): _____

Land Lots(s): _____

Acreage: _____

Address Of Property: _____

Proposed Development: _____

OTHER REQUIRED INFORMATION

Checklist

_____ Attach 1 copy of plat prepared by a registered land surveyor and drawn to scale showing lot lines and location of existing structures and location of proposed structures.

_____ Please attach a statement describing the proposed development.

_____ Please attach a deed, certified by the Clerk of Court, of the property proposed for rezoning.

_____ Please attach a copy of metes and bound description of the property for rezoning.

_____ Please attach 1 copy (24 x 36) and 1 copy (11 x 17) of the conceptual site plan, if applicable (see Page 7).

_____ If proposed property is within the S-2 Sensitive Land-Watershed Protection District, please submit a plat or drawing to scale showing the exact location of any surface water that is located on or within 250 feet of the subject property.

_____ Is the property recorded as one (1) or multiple parcel(s)?

OFFICE USE ONLY

Date Received: _____

Amount of Fee: _____

Received By: _____

Receipt Number: _____

REZONING APPLICANT'S RESPONSE

Pursuant to Section 414 of the Zoning Ordinances, The Board of Commissioners find that the following standards are relevant in balancing the interest in promoting the public health, safety, morality or general welfare against the right to the unrestricted use of property and shall govern the exercise of the zoning power.

Please respond to the following standards in the space provided or use an attachment as necessary:

(A) Whether a proposed rezoning (or special use permit) will permit a use that is suitable in view of the use and zoning of adjacent and nearby property: _____

(B) Whether the property is suitable for the proposed use: _____

(C) What is the length of time the property has been vacant?: _____

(D) What is the threat to the public health, safety, and welfare, if any, if the property is rezoned?:

(E) Whether and to what extent is the subject property value diminished under the present zoning?:

(F) What is the balance between the hardship on the property owner and the benefit to the public in not rezoning?: _____

Use Additional Pages, If Necessary

OFFICE USE ONLY

Date Received: _____

Received By: _____

**PROPERTY OWNER'S CERTIFICATION OF
OWNERSHIP AND ZONING COMPLIANCE**

Certification is hereby made that the undersigned own(s) at least fifty-one (51) percent of the subject property.

The undersigned certifies that the subject property is presently in compliance with the current Zoning Ordinance for Spalding County, Georgia. The undersigned is aware that an application for a Rezoning, Variance, or Special Exception will not be received unless the subject property is in compliance with the Zoning Ordinance.

The undersigned certifies that the agent, if different from the owner, is authorized to file this application.

Print Name of Owner(s)

Print Name of Agent, If Not Same as Owner

Signature of Owner(s) Date
or Signature of Authorized Officer or Agent
(if applicable)

Signature of Agent

Signature of Notary Public

Date

- - -Notary Seal- - -

OFFICE USE ONLY

Date Received: _____ Received By: _____

CONFLICT OF INTEREST CERTIFICATION FOR REZONING

A. APPLICANT'S DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Have you, within the two years immediately preceding the filing of the rezoning application, made campaign contributions aggregating \$250.00 or more to a member of the Spalding County Board of Commissioners, a member of the Planning Commission, or any other government official who will consider the application?

_____ (Yes/No)

If the answer is Yes, please complete the following section:

Name and Official Position Of Government Official	Contributions (List all which aggregate to \$250.00 or more)	Date Contribution Was Made (within last two years)
(1) _____	(1) _____ _____	(1) _____ _____
(2) _____	(2) _____ _____	(2) _____ _____

Attach additional sheets if necessary to disclose or describe all contributions.

B. DISCLOSURE OF CAMPAIGN CONTRIBUTIONS OF APPLICANT'S ATTORNEY OR REPRESENTATIVE

Have you, within the two years immediately preceding the filing of the rezoning application, made campaign contributions aggregating \$250.00 or more to a member of the Spalding County Board of Commissioners, a member of the Planning Commission, or any other government official who will consider the application?

_____ (Yes/No)

If the answer is Yes, please complete the following section:
 ZONING MAP CHANGE
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Name and Official Position Of Government Official	Contributions (List all which aggregate to \$250.00 or more)	Date Contribution Was Made (within last two years)
(1) _____	(1) _____ _____	(1) _____ _____
(2) _____	(2) _____ _____	(2) _____ _____

Attach additional sheets if necessary to disclose or describe all contributions.

The undersigned below, making application for rezoning, has complied with the Official Code of Georgia Section 36-67A-1, et. seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

Signature of Applicant Date

Type or Print Name and Title

Signature of Applicant's Date
Attorney Or Representative

Type or Print Name and Title

OFFICE USE ONLY

Date Received _____

Case # _____

Accepted By _____

SITE PLAN REQUIREMENTS FOR ZONING

Section 416: Site Plan Requirements for Rezoning. Any Applicant seeking rezoning of property to the following zoning districts of Spalding County, Georgia, C-1, C-1A, C-1B, C-1C, C-2, C-3, PDD, PRRRD, and O-I or seeking rezoning for any property subject to the requirements of the Spalding County Subdivision Ordinance, Zoning Ordinance of Spalding County, Appendix A for residential development within the following zoning districts of Spalding County, Georgia, AR-1, AR-2, R-1, R-2, R-2A, R-3, R-4, R-5 and R-6 shall submit a conceptual site plan depicting the proposed use of the property including: (#A-03-28, 10/06/03)

- A. Vicinity map;
- B. Correct scale;
- C. The proposed land use and building outline as it would appear should the rezoning be approved;
- D. The present zoning classification of all adjacent property;
- E. The building outline and maximum proposed height of all buildings;
- F. The proposed location of all driveways and entry/exit points for vehicular traffic, using arrows to depict direction of movement;
- G. The location of all required off street parking and loading areas;
- H. Required yard setbacks appropriately dimensioned;
- I. The location and extent of required buffer areas, depicting extent of natural vegetation and type and location of additional vegetation, if required;
- J. Topography at twenty (20) foot contour intervals (USGS Quad Sheets may be used);
- K. Location and elevation of the 100 year flood plain on the property which is the subject of the proposed zoning;
- L. Delineation and dimensions of the boundary of the proposed district;
- M. Date, north arrow and datum;
- N. Location and acreage of all major utility easements greater than twenty (20) feet in width;
- O. Approximate location (outline), height, and use of all other proposed drives, parking areas, buildings, structures and other improvements;
- P. For all property for which ingress and egress must be obtained by access from a road within the state highway system, a permit from the Georgia Department of Transportation for access to the state highway system.

(Revised 10/31/03)