**APPLICATION FOR ZONING REQUEST**

***CITY OF ADAIRSVILLE***

(Completed by Community Development Department)

Application Number: \_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unified Zoning Board Public Hearing: \_\_\_\_\_\_\_\_\_\_\_

City Council Public Hearing: \_\_\_\_\_\_ City Council 2nd Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT: A Plat or Survey of the subject property MUST be submitted with the application. A conceptual site plan may also be required. Please see Page 2 for requirements.\ IF ONE OR MORE ITEMS ARE MISSING, APPLICATION MAY BE DEEMED INCOMPLETE AND WILL NOT BE ACCEPTED.**

**SECTION 1: GENERAL INFORMATION**

This application is made for the following reason(s):

\_\_\_\_\_ **Land Use Map Amendment**

\_\_\_\_\_ **Rezoning/Zoning Map Amendment**

\_\_\_\_\_ **Alteration of Zoning Conditions**

\_\_\_\_\_ **Zoning Ordinance Text Amendment**

\_\_\_\_\_ **Special Use Permit Request**

**\_\_\_\_\_ Plat Review**

**ALL APPLICANTS ARE TO COMPLETE THE FOLLOWING:**

Name of Subject Property Owner:

Name of Applicant if Different from Property Owner:

**(If applicant is different from owner, notarized written permission of owner must be attached hereto.)**

Address of Applicant:

City/State/Zip: Email:

Telephone:

**SUBJECT PROPERTY DESCRIPTION:**

Tax Parcel Number: Acreage:

Street Address/Road Name:

Does the application require a DRI?

Is the property located within a Historic District?

Is the property located within the DDA Overlay District?

1. **REZONING (ZONING MAP AMENDMENT)**

Applicants for Rezoning (Zoning Map Amendment) shall complete and provide the following minimum information. Additional information may also be required by the Zoning Administrator:

It is requested that the subject property be rezoned from: to

(Current) (Proposed)

Reason for requesting Zoning Change: (Be Specific)

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

Any prior zoning requests on this property? Yes No

*If Yes:* Name of Applicant:

Application Number:

Date of Public Hearing:

**The following shall be completed and included with the application:**

A tax parcel card from the county tax assessor identifying the parcel to be rezoned, or the parent parcel of the parcel to be rezoned, if a split or subdivision is occurring.

One (1) copy of a plat, drawn to scale, showing north arrow, land lot and district, the dimensions, acreage and location of the tract, and existing and intermediate regional floodplains and structures, as shown on the Federal Emergency Management Agency FIRM rate maps for Bartow County, prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid. The preparer’s seal shall be affixed to the plat. For subdivision or nonresidential developments, an additional electronic copy of the plat shall be submitted by the applicant, owner or developer to the Community Development Director.

If request is for a PUD (Planned Unit Development), a site plan is required with the application. \**See Section 47-132 for PUD Planned Unit Development District for requirements.*

A copy of recorded covenants or restrictions, if applicable.

A letter from Public Works stating public utilities are available to the property.

*\*Can be obtained by contacting Nate Giddens at* [*ngiddens@adairsvillega.net*](mailto:ngiddens@adairsvillega.net)*.*

On any rezoning of three or more acres to be subdivided into a residential subdivision, a soil survey prepared by a soil scientist, registered in the state, shall be submitted to the Bartow County Health Department prior to application submittal to the zoning department, unless the property is served by sewer, unless all lots in the subdivision are three acres or larger in size, or unless the requirement is administratively varied by the community development director.

**Section 2: Public Notification**

**STAFF WILL MANAGE–** Not less than fifteen (15) days and not more than forty-five (45) days prior to the scheduled date of the public hearing being the final action by City Council and not less than ten (10) days prior to the Unified Zoning Board meeting, a notice of public hearing shall be published in the legal notice section of the Daily Tribune newspaper within the City of Adairsville. Such notice shall state the application file number, and shall contain the location of the property, its area, owner, current zoning classification, and the proposed zoning classification. Such notice shall include both the Unified Zoning Board and the City Council meeting dates.

**STAFF WILL MANAGE–** City staff will mail by first class certificate of mailing or a first-class certified mail receipt, shall notify each owner of property adjoining and directly across a street from the property requesting rezoning. Said notice must be mailed at least 15 days prior to the date of said scheduled UZB meeting/public hearing.

**Section 3: Campaign Disclosure Report**

Pursuant to O.C.G.A. 36-67A-3 any and all applicants to a rezoning action must make the following disclosures.

Date of Application:

Date 2 Years Prior to Application:

Date 5 Years Prior to Application:

1. Has the applicant within the five (5) years preceding the filing of the rezoning action made campaign contributions aggregating $250.00 or more to any of the following:
2. If the answer to any of the above is **YES**, please indicate below to whom, the dollar amount, date, and description of each campaign contribution, during the past five (5) years.

Signature Date

Print Name

**Applicant’s Certification**

**I hear by certify the above information, and all attached, is true and correct.**

**Printed Name of Applicant**

**Signature of Applicant**

**Date**

This application and the accompanying fee must be submitted to the Community Development Department prior to the deadline set forth in the Unified Zoning Board Meeting Schedule.

|  |  |
| --- | --- |
| Single Residential (R-1/R-2) | $65.00 |
| Multi-Family Residential (R-3/Multi-Family) | $100.00 |
| Commercial/Industrial (C-1/C-2/Ind-G/Ind-H) | $200.00 |
| **Multi Lot** Residential/Commercial/Industrial | $500.00 |
| **+ Advertising Fee** per parcel number  **+ Mailing Fee** Adjacent property letter | $200.00 |

**Application Withdrawn Notification:** *I/We withdrawn the above application*

**Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**