

DATE RECEIVED_____

CASE FILE #: RZ_____

City of Auburn Planning & Development Department 1369 Fourth Avenue P.O. Box 1059 Auburn, Georgia 30011 Phone: 770-963-4002 Fax: 770-513-9255 www.cityofauburn-ga.org

REZONING APPLICATION

APPLICATION TO AMEND THE OFFICIAL ZONING MAP, CITY OF AUBURN, GEORGIA

I. <u>GENERAL INFORMATION</u>

Applicant:		Property Owner:
Phone Number: Filing Date:		Phone Number:
Requested Action: Location:	Rezoning from _	to
Proposed Use:		
Tax Parcel Number: Size (Acres): Existing Use(s) and Structures		
I hereby certify that the information is true and c Signature	correct to the best	
		day of, 20
Notary:		

Note:

By signing this application the property owner, applicant and/or his/her agent has attest to that they complied with the Official Code of Georgia, Section 36-67A, et seq., <u>Conflict of</u>

Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

As a minimum, the following items are required with the submittal of this application. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

- Payment of \$1,000.00 application fee. Make checks payable to the "City of Auburn".
- 2. A written legal description or recent survey (within 1 year) of the property proposed for rezoning. (original or copy, NO FAXED COPIES:
- 3. Sixteen (16) stapled or bond copies of the Rezoning application and all supporting documents in addition to one (1)unbound application with original-sized site plan bearing original seal and signature. All documents must be folded to 8 ½ x 11";
- 4. Sixteen (16) copies of the site plan at original scale, showing north arrow, land lot and district, dimensions, current zoning, acreage, vicinity map, current zoning classification of all adjacent parcels, the proposed location of the structures, driveways, parking and loading areas, and the location and extent of required buffer areas; prepared by registered architect, engineer, or landscape architect. The Planning Director strongly encourages the applicant to provide architectural building renderings indicating building elevation and construction materials that the facades and roofs will consist of. All documents must be folded to 8½ x 11".
- 5. One (1) copy of the site plan reduced to fit an 8½ x 11 sheet;
- 6. Letter of intent describing what is proposed. (16 copies)
- 7. Impact Analysis using the form provided or on a separate sheet.
- 8. Applicant's and/or Owner's Certification;
- 9. Conflict of Interest Certification and Disclosure of Campaign Contributions;

Complete applications must be received in the City Planner's Office on or before the 15th of the month prior to the Planning and Zoning Commission public hearing (see Planning and Zoning Commission Calendar).

II. PROPOSAL DETAILS

Details of Proposed Use: _____

Public Utilities: _____

Access,	Traffic,	and Parking:	
Special	Physical	Characteristics:	
Attachmo	ents:	Review Submitted	l

_____Review Submitted _____Location Map _____Site Plan _____Plat _____Other____

Surrounding Uses and Zoning:

North	h	
South	h	
East		
West		

III. STANDARD GOVERNING EXERCISE OF THE ZONING POWER

PURSUANT TO SECTION 17.17.20 OF THE City OF AUBURN ZONING ORDINANACE, THE AUBURN CITY COUNCIL SHALL CONSIDER FACTORS RELEVANT IN BALANCING THE INTEREST IN PROMOTING THE PUBLIC HEALTH, SAFETY, MORALS OR GENERAL WELFARE AGAINST THE RIGHT OF THE INDIVIDUAL TO THE UNRESTRICTED USE OF PROPERTY AND SHALL SPECIFICALLY CONSIDER THE FOLLOWING STANDARDS GOVERNING EXERCISE OFZONING POWER.

IV. IMPACT ANALYSIS

Describe the effect of the proposed rezoning in regards to the following criteria. Please, provide detailed responses, simple yes or no answers are not acceptable:

a. Whether the proposed rezoning will permit a use that is suitable in view of the use and development of adjacent and nearby property:

b. Whether the proposed rezoning will adversely affect the existing use or usability of adjacent or nearby property;

- c. Whether the property to be affected by the proposed rezoning has reasonable economic use as currently zoned;
- d. Whether the proposed rezoning will result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities or schools;
 - e. Whether the proposed rezoning is in conformity with the policy and intent of the land use plan; and ______
- f. Whether there are other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the proposed rezoning.



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CERTIFICATIONS

In the event an owner's agent or contract purchaser is filing this application, both of the certifications below must be completed. If the owner is filing the application, only the owner's certification must be completed.

OWNER'S CERTIFICATION

The undersigned below, hereby declares that they are the owner(s) of the property, which at ______as shown in the records of ______

County, GA.

Signature of Owner Date

Type or Print Name and Title Date

Notary Seal

Signature of Notary Public

AGENT'S CERTIFICATION

The undersigned below, or as attached, is hereby authorized to make this application by the property owner for the property listed above, which is the subject of this application.

Name of Agent

Signature of Owner

Appeared before me personally this _____ day of _____, 2____

Agent's Address

Phone

Signature of Notary Public

Notary Seal

E-mail



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CONFLICT OF INTEREST CERTIFICATIONS

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

Signature of Applicant Date

Signature of Owner Date

Type or Print Name and Title Date

Type or Print Name and Title Date

Signature of Notary Public Date

Notary Seal



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DISCLOSURE OF CAMPAIGN CONTRIBUTION

In accordance with the Conflict of Interest in Zoning Act, Title 36, Chapter 67A, Official Code of Georgia Annotated. The following questions <u>must</u> be answered.

Have you, within the last four-years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Auburn City Council, a member of the Planning and Zoning Commission or a member of the Zoning Board of Appeals, a member of the Planning Department, or any other government officials who will consider the application?

_____ YES _____NO

If yes, please complete the following section:

Name and Official Position of Government Official(s):

Please list the Date and Amount of the Contribution(s) (list all which aggregated \$250.00 or more):

Signature of Applicant

Date

Print Name

Date

Signature of Applicant's Attorney or Representative

Print Name