



City of Dawsonville
 P.O. Box 6 415 Highway 53 East, Suite 100
 Dawsonville, GA 30534
 Phone: (706) 265-3256
www.dawsonville-ga.gov

**Zoning Amendment
 Checklist**

- All applicable blanks filled out on application
- Completed property owner authorization (notarized)
- Completed adjoining property owners form with names and addresses
- Completed campaign disclosure form
- Detailed **Letter of Intent** requesting rezone with **Conceptual Plan**
- Documentation of CURRENT zoning of parcel in the City (provided by Cityhall)
- Site plan information, as specified
- Recorded survey(s) by a Georgia registered surveyor, and recorded at the Court House (11x17 and 8.5x11)
- Legal description
- Completed DRI: Development of Regional Impact, if applicable (for greater than 125 new lots or units)
- Notice of R-A Adjacency form (notarized) (if applicable)
- Check or money order in the amount for the zoning requested, made payable to "City of Dawsonville"
- Public Notice certified return receipt letters to be mailed by Applicant (see Fee Schedule below ***) List a Phone Number to call when City Hall has them ready to be picked up and mailed out. PH# _____

The applicant, or designated agent, must attend the public hearings for the request to be considered.
 Failure to appear may result in denial.

| Zoning Requested: | Application Fee Schedule: |
|---------------------------------|--|
| RA / R-1 | \$250.00 |
| R-2 | \$250.00 |
| R-3 | \$350.00 |
| R-3R | \$350.00 |
| R-6 | \$350.00 |
| RHMT | \$250.00 |
| PUD | \$500.00 + \$50.00 per acre |
| TB | \$500.00 |
| PCS | \$350.00 |
| OI | \$500.00 + \$50.00 per acre |
| CBD | \$500.00 |
| NB | \$500.00 |
| LI | \$500.00 + \$50.00 per acre |
| HB | \$500.00 + \$50.00 per acre |
| CIR | \$500.00 + \$50.00 per acre |
| INST | \$500.00 + \$50.00 per acre |
| VARIANCE | \$300.00 |
| APPEALS | \$225.00 |
| ***Public Notice Certified Mail | \$5.54 / per Adjacent Property Owner |
| Postponement Fee | Equal to Application Fee for requested zoning change |



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Zoning Amendment Application

Request # ZA- _____ Date: _____

Applicant Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____

Signature(s) _____ Date _____

Property Address: _____

Directions to Property from City Hall: _____

Tax Map # _____ Parcel # _____ Current Zoning**: _____

Land Lot(s): _____ District: _____ Section: _____

Subdivision Name: _____ Lot # _____

Acres: _____ Current Use of Property: _____

Has a past Request of Rezone of this property been made before? _____ If yes, provide ZA # _____

The applicant request:

■ Rezoning to zoning category: _____ ■ Special Use permit for: _____

Proposed use of property if rezoned is: _____

If Residential: # of lots proposed _____ Minimum lot size proposed _____ (Include Conceptual Plan)

Is an Amenity area proposed _____, if yes, what _____

If Commercial: Total Building area proposed _____ (Include Conceptual Plan)

Existing Utilities: (utilities readily available at the road frontage) ___ Water ___ Sewer ___ Electric ___ Natural Gas

Proposed Utilities: (utilities developer intends to provide) ___ Water ___ Sewer ___ Electric ___ Natural Gas

Road Access/Proposed Access: (Access to the development/area will be provided from)

Road name: _____ Type of Surface: _____

- ◆ Failure to complete all sections will result in rejection of application and unnecessary delays.
- ◆ I understand that failure to appear at a public hearing may result in the postponement or denial of this application.

Signature of Applicant

Date

Office Use Only:

Date Completed Application Rec'd _____ Amount Paid \$ _____ Check # _____ /Cash

Date of Planning Commission Meeting: _____ Dates Advertised: _____

Date of City Council Meeting: _____ Dates Advertised: _____

Postponed: YES NO Date: _____ Rescheduled for next Meeting: _____

Approved by Planning Commission: YES NO Approved by City Council: YES NO



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**Zoning Amendment
 Authorization**

Property Owner Authorization

I / We _____ hereby swear that I / we own the property located at (fill in address and/or tax map & parcel #) _____ as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request.

I hereby authorize the person(s) or entity(ies) named below to act as the applicant or agent in pursuit of the rezoning requested on this property. I understand that any rezone granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within 6 months from the date of the last action by the City Council.

Printed Name of Applicant or Agent _____

Signature of Applicant or Agent _____ **Date** _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Printed Name of Owner(s) _____

Signature of Owner(s) _____ **Date** _____

_____ **Date** _____

Sworn to and subscribed before me
 this _____ day of _____ 20____.

 Notary Public, State of Georgia

My Commission Expires: _____

Notary Seal

(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)



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**Zoning Amendment
 Adjacent Property Owners**

ZA# _____

TMP# _____

It is the responsibility of the applicant to provide a list of adjacent property owners. This list must include the name and address of anyone who has property touching your property or who has property directly across the street from your property. (Use additional sheets if necessary)

****Please note**** This information should be obtained at the Planning Office using the Tax Map Parcel Map listing any parcel(s) adjoining or adjacent to parcel where rezone is being requested.

TMP # _____ 1. Name(s): _____
 Address: _____

TMP # _____ 2. Name(s): _____
 Address: _____

TMP # _____ 3. Name(s): _____
 Address: _____

TMP # _____ 4. Name(s): _____
 Address: _____

TMP # _____ 5. Name(s): _____
 Address: _____

TMP # _____ 6. Name(s): _____
 Address: _____

TMP # _____ 7. Name(s): _____
 Address: _____

TMP # _____ 8. Name(s): _____
 Address: _____

Adjacent Property Owner notification of a zoning amendment request is required.

The applicant is responsible for mailing the Public Notice (prepared by the Planning Dept.) to each adjacent property owner via Certified Mail or pays the additional postage to the City to mail.

The applicant must pick up the certified letters to mail, unless postage is paid to the City.



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**Zoning Amendment
Campaign Disclosure**

Disclosure of Campaign Contributions
(Applicant(s) and Representative(s) of Rezoning)

Pursuant to OCGA, Section 36-67 A-3.A, the following disclosure is mandatory when an applicant or any representation of application for rezoning has been made with two (2) years immediately preceding the filing of the applicant's request for rezoning, campaign contributions aggregating \$250.00 or more to a local government official who will consider the application for rezoning.

It shall be the duty of the applicant and the attorney representing the applicant to file a disclosure with the governing authority of the respective local government showing the following:

1. Name of local official to whom campaign contribution was made:

2. The dollar amount and description of each campaign contribution made by the opponent to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.

Amount \$ _____ Date: _____

Enumeration and description of each gift when the total value of all gifts is \$250.00 or more made to the local government official during the 2 years immediately preceding the filing application for rezoning: _____

Signature of Applicant / Representative of Applicant

Date

Failure to complete this form is a statement that no disclosure is required.



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**Zoning Amendment
 Notice of R-A Adjacency**

Notice of Residential-Agricultural District (R-A) Adjacency

Agricultural districts include uses of land primarily for active farming activities and result in odors, noise, dust and other effects, which may not be compatible with adjacent development. Future abutting developers in non R-A land use districts shall be provided with this "Notice of R-A Adjacency" prior to administrative action on either the land use district or the issuance of a building or occupancy permit.

Prior to administrative action the applicant shall be required to sign this waiver which indicates that applicant understands that a use is ongoing adjacent to his use which will produce odors, noise, dust and other effects which may not be compatible with the applicant's development. Nevertheless, understanding the effects of the adjacent R-A use, the applicant agrees by executing this form to waive any objection to those effects and understands that his district change and / or his permits are issued and processed in reliance on his agreement not to bring any action asserting that the adjacent uses in the R-A district constitute a nuisance against local governments and adjoining landowners whose property is located in an R-A district.

This notice and acknowledgement shall be public record.

Applicant Signature _____ **Date** _____

Application Number: _____

Sworn to and subscribed before me
 this _____ day of _____ 20____.

 Notary Public, State of Georgia

My Commission Expires: _____

Notary Seal