

### City of Dawsonville

415 Highway 53 East, Suite 100 Dawsonville, GA 30534 (706) 265-3256

# 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 <b>CURRENT</b> zoning of parcel in the City (provided by City Hall)
Site plan information, as specified.
Recorded survey(s) by a GA 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, credit card or money order made payable to "City of Dawsonville".

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

Zoning Requested	Fee	*Per Acre Fee
	Schedule	
AP	\$250.00 +	\$50.00 per acre
RA	\$500.00 +	\$50.00 per acre
R-1	\$250.00 +	\$50.00 per acre
R-2	\$250.00 +	\$50.00 per acre
R-3	\$350.00 +	\$50.00 per acre
R-3R	\$350.00 +	\$50.00 per acre
R-6	\$350.00 +	\$50.00 per acre
ТВ	\$500.00 +	\$50.00 per acre
PCS	\$350.00 +	\$50.00 per acre
0	\$500.00 +	\$50.00 per acre
CBD	\$500.00 +	\$50.00 per acre
NB	\$500.00 +	\$50.00 per acre
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
Appeals & change of zoning conditions	\$500.00	
Site Plan	\$400.00	
Postponement, per occurrence	\$300.00	
Administrative fee	\$100.00	
Public Notice Certified Mail		**per adjacent property owner

\*The fee for all rezoning applications regardless of zoning category is the base amount set forth in the table below plus \$50.00 per acre for each acre or part of an acre beyond one acre in the subject tract with a maximum fee of \$5,000.00 regardless of the number of acres involved. \*\*price is determined by USPS

Contraction of the second seco	<b>City of Dawsonville</b> 415 Highway 53 East, Suite 100 Dawsonville, GA 30534 (706) 265-3256	Zoning Amendment Application
Application#:		
Applicant Name(s):		
	City:	Zip:
Cell Phone:	Email:	
Signature(s)		Date
Property Address:		
Directions to Property from City Hall:		
Tax Map Parcel #:		_Current Zoning:
LandLot(s):	District:	Section:
Subdivision Name:		Lot #
Acres:Cu	rrent use of property:	
Has a past request of Rezone of th	is property been made before?lf yes,	provide ZA #
The applicant request:		
Rezoning to Zoning category:	Conditional Use permit for:	
Proposed use of property if rezoned:		
	Minimum lot size proposed	
Amenity area proposed	,if yes, what	
· · · ·	proposed: (Include )	
-	at the road frontage): Water Sewer Ele	
	per intends to provide) Water Sewer El	
	Access to the development/area will be provided fro	
•	Type of Surface:	
	sections will result in rejection of application and i	

• 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: \$ CK Cash CC
Date of Planning Commission Meeting:	Dates Advertised:
Date of City Council Meeting:	Rescheduled for next Meeting:
Date of City Council Meeting:	Approved by City Council: YES NO
Approved by Planning Commission: YES NO	Postponed: YES NO Date:

## Property Owner Authorization

I / We		hereby swe	ear that I / we own the pro	operty
located at (fill in address and/or tax map & part				
in the tax maps and/or deed records of Dawso	on County. Georgia. a	Ind which parcel w		shown luest.
I hereby authorize the person(s), or entity(ies)			<b>o</b>	
rezoning requested on this property. I underst	and that any rezone of	granted, and/or co	nditions or stipulations	
placed on the property will be binding upon the	e property regardless	of ownership. The	e under signer below is	
authorized to make this application. The unde	rsigned is aware that	no application or	reapplication affecting	
the same land shall be acted upon within 6 me	onths from the date of	f the last action by	the City Council.	
Printed Name of Property Owner				_
Signature of Property Owner			Date	_
Mailing Address				_
City	State	Zip		_
Sworn and subscribed before me on this				
day of	20			
Notary Public, State of Georgia				
My Commission Expires:			Notary Seal	

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:

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

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 have the additional sheet notarized also.

### 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 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.

#### 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 which are not in 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.

Signature of Applicant / Representative of Applicant

Sworn to and subscribed before me on this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_.

Notary Public, State of Georgia

My Commission Expires: \_\_\_\_\_

Notary Seal

Date