



## PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

### APPLICATION FOR REZONING

#### Instructions for Applicant:

Please complete this form and submit with any requested documents in order to complete the Rezoning Application. We recommend that all development professionals conducting business in the City of Griffin review the current Unified Development Code (UDC), prior to submission of this application, depending on the type of development. The UDC can be found at [www.cityofgriffin.com](http://www.cityofgriffin.com).

The application, with all appropriate attachments (listed below), should be delivered to the Planning & Development Services Department located at 100 S. Hill Street, 3<sup>rd</sup> Floor, Griffin, GA 30223. You may reach our office by phone at (770)233-4130 between the hours of 7:30 AM and 4:30 PM Monday thru Friday, and by fax at (770)233-2915. Please contact our office if you have any questions about this application or the Rezoning Process.

#### Rezoning Application Submission Requirements:

1. Complete Rezoning Application
2. Complete Rezoning Questionnaire
3. Property Owner or Owner's Representative Authorized Form
4. Conflict of Interest Disclosure
5. Site Plan or drawing of the respective development

#### CITY ACTIONS:

Planning & Development Services Staff will determine if the application is complete, assign a case number to the application, and indicate the date of receipt. The applicant will be notified in writing of the date, time and place of the required Public Hearing before the City of Griffin Board of Commissioners. It is important that a representative of the requested Variance attend the Public Hearing.

The applicant, engineer, or other representative is responsible for obtaining copies of all applicable City of Griffin ordinances and development guidelines, codes, and regulations, and to resolve all comments received and related issues.



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

APPLICATION FOR REZONING

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Project Name/Description: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Tax Map \_\_\_\_\_ Block \_\_\_\_\_ Lot Number \_\_\_\_\_

Zoning \_\_\_\_\_ Parcel(s) Size: \_\_\_\_\_ (acres or square feet)

Applicant is: Property Owner \_\_\_\_\_ Engineer: \_\_\_\_\_ Architect: \_\_\_\_\_

Realtor: \_\_\_\_\_ Other: \_\_\_\_\_

Application fee amount: \_\_\_\_\_

Paid by: \_\_\_\_\_ Check (check # \_\_\_\_\_) \_\_\_\_\_ Cash

\_\_\_\_\_ Cashier's Check \_\_\_\_\_ Other

I attest that this Rezoning Application and its attachments meet all applicable requirements of the City of Griffin ordinances and development guidelines, codes, and regulations to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (or authorized representative)

Date: \_\_\_\_\_



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

REZONING QUESTIONNAIRE

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

Applicant Name: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Tax Map, Block and Lot Number: \_\_\_\_\_

Applicable Zoning Ordinance Section: \_\_\_\_\_

A. The following information must be submitted with the Rezoning Application:

1. One (1) copy of a site plan, boundary survey, and Tax Map of the property

B. Please provide written answers to the following questions to justify a Request for Rezoning:

1. Provide a list of the existing uses and zoning of adjacent property.
2. Does the property to be affected by the rezoning have a reasonable economic use as currently zoned, although such use may not be its highest and best potential use?
3. Will the requested zoning permit a use that is suitable in regards to the use and development of adjacent property?
4. What is the relative gain to the public as compared to the hardship imposed upon the individual property owner by maintaining the current Zoning?
5. Is the property suitable for the purposes for which the applicant seeks to have it rezoned, including availability of infrastructure (water, sewer, etc.)? If the required infrastructure is not available, how will it be provided?
6. Is the proposed use of the subject property, if rezoned, compatible with the surrounding properties and uses? If not, the applicant should address the measures to reduce any negative impacts of the proposed use.
7. Are there any environmental, historic, cultural or aesthetic concerns unique to the subject property or properties in the vicinity of the subject property that give supporting grounds for either approval or denial of the rezoning proposal?

8. If applicable, how long has the subject property been vacant or substandard as zoned, considering the land development in the area of the subject property?



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT  
OWNER'S AUTHORIZATION

This is to certify that:

\_\_\_\_\_

(Name of Applicant, Property Owner, or other Representative)

The person named above is the Owner or Representative of the Owner holding interest in the property that is the subject of the attached application.

By execution of this form, authorization is given to the person named as "Applicant" below, acting on behalf of the owner, to file for and pursue a request for approval of the following.

\_\_\_ Rezoning

\_\_\_ Minor Site Plan

\_\_\_ Special Use Request

\_\_\_ Preliminary Site Plan

\_\_\_ Variance Request

\_\_\_ Final Site Plan/ Subdivision Plat

Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative

Date: \_\_\_\_\_

\_\_\_\_\_

Notary Signature and Seal

Commission expiration date: \_\_\_\_\_



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

CONFLICT OF INTEREST DISCLOSURE

Have you, within the two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Board of Commissioners, a member of the Planning & Zoning Board, or any other government official who will consider this application?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, please complete the following section:

Name and Official Position of Government Official:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature of Applicant's Attorney or Representative

Date: \_\_\_\_\_

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Printed Name