



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

APPLICATION FOR REZONING

Instructions for Applicant:

Please complete this form and submit any requested documents in order to complete the Rezoning Application. We recommend that all development professionals conducting business in the City of Griffin purchase a copy of the City of Griffin Zoning Ordinance, Development Ordinance, and Stormwater Regulations prior to submission of this application, depending on the type of development.

The application, with all appropriate attachments (listed below), should be delivered to the Planning and Development Services Department located at 231 East Solomon Street, Griffin, GA 30223. You may reach our office by phone at 770-233-4130 between 7:30AM and 4:30PM Monday through Friday, and by fax at 770-233-4116. Please contact our office if you have any questions about this application or the Variance process.

Rezoning Application Submission Requirements:

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

CITY ACTIONS:

Planning and 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 Planning & Zoning Board and the City of Griffin Board of City Commissioners. It is important that a representative of the requested Rezoning attend both the Planning & Zoning Board meeting and the Board of Commissioners 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:** _____

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 Variance:

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 rezoning 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 surrounding properties and uses? If not, the applicant should address 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 Request | ___ Minor Site Plan |
| ___ Special Use Request | ___ Preliminary Site Plan |
| ___ Variance Request | ___ Final Site Plan / Subdivision Plat / Plat Approval |

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 City Commissioners, a member of the Planning and Zoning Board, or any other government official who will consider the application?

____ Yes ____ No

If yes, please complete the following section:

Name and Official Position of Government Official:

Please list the Date and the 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: _____

Printed Name