



**PLANNING AND DEVELOPMENT SERVICES DEPARTMENT  
APPLICATION FOR REZONING**

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

Application Number: \_\_\_\_\_

**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. 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
6. Development of Regional Impact (if applicable)
7. Fees Due: Commercial \$400.00/Residential \$300.00

**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 Rezoning 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.



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Applicant/Agent/Representatives Name:  
\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Parcel Number(s): \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Parcel(s) Size: \_\_\_\_\_

FLUM/Character Area \_\_\_\_\_ Requested Zoning \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature Printed Name Date  
Applicant Name: \_\_\_\_\_



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

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

Requested Zoning & Ordinance Section: \_\_\_\_\_

The following information must be submitted with the Rezoning Application:

- One (1) copy of a site plan, boundary survey, or Tax Map of the property
- The following information must be submitted with the Rezoning Application:
  1. Completed application form.
  2. Detailed description of existing land uses on all contiguous property;
  3. The location of the subject property including street numbers, if available;
  4. A boundary plat of the subject property, prepared in accordance with the Georgia Plat Act, showing the dimensions of acreage, location of tract and location of all existing improvements and easements;
  5. A site plan drawn to scale showing:
    - a. Any and all improvements to be constructed if the application is approved, along with the proposed use and dimensions of all structures;
    - b. A statement with any prior conditions to zoning, plat and/or prior variance request approvals granted by the City of Griffin;
    - c. Site plans with variance requests shall indicate the dimension of the proposed subject of the variance request (see 415 [section 410] for variance procedures).
  6. Spalding County Tax Map, block and lot number of the appropriate plat reference;
  7. The present and proposed zoning district classification for the subject property;
  8. The name and address of the owner of the subject property;
  9. The area of land of the subject property, stated in square feet if less than one acre;
  10. Date of application;
  11. Any prior applications or actions for rezoning of all or part of the subject property within the past five years;
  12. Documentation supporting the request based upon the standards of this article.



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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. Has there been a change in conditions of the subject property or properties in the vicinity of the subject which give supporting grounds for either approval or disapproval of the zoning proposed?
9. 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?





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**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 position of Government Official:

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- Please list the date and amount of contribution(s) (aggregate total of \$250.00 or more).

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Applicant Signature

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Printed Name

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Date