



Case No. _____

ZONING MAP AMENDMENT (REZONING) APPLICATION

APPLICANT INFORMATION	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____ E-mail: _____
PROPERTY OWNERSHIP	Property Owner(s) _____ Mailing address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____ E-mail: _____
CONTACT PERSON	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____ E-mail: _____ <p style="text-align: center;"><i>(All staff correspondence will be sent only to one designated contact person.) (Address and telephone numbers do not have to be repeated if provided above.)</i></p>
REQUEST	Location Address: _____ Present Zoning: _____ Proposed Zoning: _____ Purpose of Rezoning (attach additional sheets as necessary): _____ _____ _____

REQUEST CONTINUED	<p>Any prior zoning request on this property? Yes _____ No _____</p> <p>If yes: Name of Applicant: _____</p> <p>Application #: _____</p> <p>Date of Public Hearing: _____</p>
STANDARDS FOR THE EXERCISE OF ZONING POWER	<p>Applicants for zoning map amendments, zoning variances, and conditional use variances should answer the following questions:</p> <p>(1) What are the existing land uses and zoning classifications of nearby property?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(2) Is the property suitable for the uses and purposes that is currently zoned?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(3) Does the existing zoning negatively impact the value of the property? Please explain.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(4) Does the existing zoning promote the health, safety, morals or general welfare of the public?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(5) What hardship does the existing zoning put on the property owner?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(6) Does the property have any reasonable economic use as currently zoned?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(7) If the property is vacant, how long has it been vacant?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(8) Is the proposed zoning classification suitable with the use and development of adjacent and nearby properties?</p> <p>_____</p> <p>_____</p> <p>_____</p>

STANDARDS FOR THE EXERCISE OF ZONING POWER (CONTINUED)	<p>Applicants for zoning map amendments, zoning variances, and conditional use variances should answer the following questions:</p> <p>(9) Will the proposed zoning adversely affect the use of adjacent or nearby properties?</p> <hr/> <hr/> <hr/> <p>(10) Is the zoning proposal consistent with the comprehensive plan, other governmental land use, transportation, and/or development plans for the community?</p> <hr/> <hr/> <hr/> <p>(11) Will the requested zoning result in a use which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools?</p> <hr/> <hr/> <hr/> <p>(12) Are there other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal?</p> <hr/> <hr/> <hr/>
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FILING REQUIREMENTS	<p><i>This application will not be processed unless the following items are submitted with it:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Filing fee: <ul style="list-style-type: none"> • Base Fee*: (\$200.00 [Single-family residential district], \$300.00 [R-3 & R-4 Multi-family districts], \$400.00 [Commercial & Industrial districts]). • Acreage Surcharge: \$2.00/acre. • Make check payable to: <i>City of Statesboro, Planning Department.</i>) <input type="checkbox"/> Survey or plat, drawn to scale, showing north arrow, land lot and district, the dimensions, acreage and location of the tract, and existing and intermediate regional floodplains and structures, as shown on the Federal Emergency Management Agency FIRM rate maps for Bulloch County, prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid. prepared by a registered architect, engineer, surveyor or landscape architect whose seal shall be affixed, and showing property lines with lengths and bearings, adjoining streets, locations of existing structures, north arrow, and scale. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger. <input type="checkbox"/> If the request is for a PUD (Planned Unit Development), a Site Plan is required with application. <input type="checkbox"/> Submit a copy of recorded covenants and restrictions, if applicable. Signed and notarized Disclosure of Campaign Contributions. <input type="checkbox"/> Submit a copy of the Tax Property Record Card for the parcel from the Tax Assessor's Office. <input type="checkbox"/> A list of any zoning conditions proposed by the applicant. <input type="checkbox"/> Signed and notarized Disclosure of Campaign Contributions. <input type="checkbox"/> Application must be signed by property owner(s) and signatures must be original. Additional copies of this page may be attached if necessary for additional property owners. <p>(*Note: Base fee for split-zoning requests based on most expensive district requested.)</p>
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I/We understand and agree, upon execution and submission of this application that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance as well as all procedures and policies of the City of Statesboro Planning Commission as those provisions, procedures and policies relate to the handling and disposition of this application. I/we attest that the information contained in this application is true and accurate to the best of my/our knowledge.

_____ (Signature of applicant)	_____ (Printed name of applicant)	_____ (Date)
_____ (Signature of property owner)	_____ (Printed name of property owner)	_____ (Date)
_____ (Signature of property owner)	_____ (Printed name of property owner)	_____ (Date)
_____ (Signature of property owner)	_____ (Printed name of property owner)	_____ (Date)

**City of Statesboro
Planning Department
50 E Main St, 3rd Floor
P O Box 348
Statesboro, GA 30459-0348
Telephone (912) 764-0630
Fax (912) 764-0664**

Rec'd by:	Date:
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City of Statesboro

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(Required by Title 36, 67A, Official Code of Georgia Annotated)

Case Number: _____ Property Address/Location: _____

The following disclosures are required from each of the following persons: the owner, the applicant if the applicant is different from the owner; and any representative of the owner or applicant.

Pursuant to the Conflict of Interest in Zoning Act, O.C.G.A § 36-67A-1 et seq., any applicant of this rezoning who has made, within two years immediately preceding the filing of the application, campaign contributions aggregating \$250.00 or more to the Mayor, City Council or any Planning Commission member, should file an **OPPONENT OF REZONING ACTION CAMPAIGN DISCLOSURE REPORT**, showing contribution amount(s) and date(s). Such disclosure should be filed at least five calendar days prior to the Planning Commission’s hearing. **Violation of this Act shall not affect the validity of the rezoning, but such action may be a misdemeanor under O.C.G.A. § 36-67A-4.**

Please check that which applies:

- I have not within the two years preceding the above application made campaign contributions and/or gifts aggregating \$250.00 or more in value to a government official(s) of the City of Statesboro who will consider the application.
- I have within the two years preceding the above application made campaign contributions and/or gifts aggregating \$250.00 or more in value to a government official(s) of the City of Statesboro who will consider the application. The contribution(s) are as follows:

Official’s Name:	Position:	Contribution amount:	Date of Contribution:
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I hereby declare and confirm that all statements herein are true, correct, and complete to the best of my knowledge and belief.

PRINTED Name of Applicant

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

SIGNATURE of Applicant

Date

Notary Public