



ZONING MAP AMENDMENT (REZONING) APPLICATION

FILING REQUIREMENTS

This application will not be processed unless the following items are submitted with it:

- ☐ **Filing fee:**
 - **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: ***City of Statesboro, Planning Department.***)
- ☐ **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 **digital copy** to: planning.development@statesboroga.gov.*
- ☐ If the request is for a PUD (Planned Unit Development), a **Site Plan** is required with application.
- ☐ Submit a copy of recorded covenants and restrictions, if applicable.
- ☐ Submit a copy of the Tax Property Record Card for the parcel from the Tax Assessor's Office.
- ☐ A list of any zoning conditions proposed by the applicant.
- ☐ Right Start meeting date _____ and attach the Right Start notes (PDF) to this application.
- ☐ **Signed and notarized Disclosure of Campaign Contributions.**
- ☐ 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.

*(*Note: Base fee for split-zoning requests based on most expensive district requested.)*

APPLICANT INFORMATION	<p>Applicant: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
PROPERTY OWNERSHIP	<p>Property Owner (s): _____</p> <p>_____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
CONTACT PERSON	<p>Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p style="text-align: center;">(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.)</p>

REQUEST	Location Address: _____ _____
	Present Zoning: _____
	Proposed Zoning: _____
	Purpose of Rezoning include legal description of the property, existing easements, public utilities, wetlands and flood zone (attach additional sheets as necessary): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	Any prior zoning request on this property? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes: Name of the Applicant: _____
	Application #: _____
	Date of Public Hearing: _____

STANDARD FOR EXERCISE OF ZONING POWER

Applicants for zoning map amendments, zoning variances, and conditional use variances should answer the following questions:

(1) What are the existing zoning classifications and land uses of nearby property within a 300 feet radius?

(2) Is the current zoning classification suitable for the uses and purposes for said property?

(3) Does the existing zoning promote the health, safety, morals or general welfare of the public?

(4) What hardship does the existing zoning put on the property owner?

(5) If the property is vacant, how long has it been vacant?

(6) Is the proposed zoning classification suitable with the use and development of adjacent and nearby properties?

(7) Is the proposed zoning classification compatible with the existing development pattern and nearby properties within a 300 feet radius?

STANDARD FOR EXERCISE OF ZONING POWER

(8) Will the proposed zoning adversely affect the use of adjacent or nearby properties within a 300 feet radius? Include the consideration of: **the increase density (include the actual du/ac)** and intensity of future development, possible increase in traffic, environmental and historic resources impact, the possibility of an adverse impact on public facilities services.

(9) Has a Traffic Impact Analysis (TIA) been conducted for this project? If so, (attach report).

(10) Is the zoning proposal consistent with the governmental land use, transportation, and/or development plans for the community?

(11) Would there be conflicts with existing or planned public improvements?

(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?

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**

Rec'd by:

Date:



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.

Signature of Applicant

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

Notary Public