REZONING APPLICATION
APPLICATION TO AMEND THE OFFICIAL ZONING MAP, CITY OF AUBURN, GEORGIA

I. GENERAL INFORMATION

Applicant: __________________________ Property Owner: __________________________
          __________________________  __________________________
          __________________________  __________________________
          __________________________  __________________________

Phone Number: __________ Phone Number: __________
Filing Date: __________

Requested Action: Rezoning from _____ to _____
Location: __________________________________________

Proposed Use: ______________________________________

Tax Parcel Number: __________________________________
Size (Acres): _______________________________________
Existing Use(s) and Structures _______________________________________

I hereby certify that the information contained herein and all attached information is true and correct to the best of my knowledge:

Signature ______________________________

Personally appeared before me this _____ day of ________, 20 _____

Notary: __________________________

Note: By signing this application the property owner, applicant and/or his/her agent has attest to that they complied with the Official Code of Georgia, Section 36-67A, et seq., Conflict of
Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

As a minimum, the following items are required with the submittal of this application. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. Payment of $1,000.00 application fee. Make checks payable to the "City of Auburn".

2. A written legal description or recent survey (within 1 year) of the property proposed for rezoning. (original or copy, NO FAXED COPIES:

3. Sixteen (16) stapled or bond copies of the Rezoning application and all supporting documents in addition to one (1) unbound application with original-sized site plan bearing original seal and signature. All documents must be folded to 8 ½ x 11";

4. Sixteen (16) copies of the site plan at original scale, showing north arrow, land lot and district, dimensions, current zoning, acreage, vicinity map, current zoning classification of all adjacent parcels, the proposed location of the structures, driveways, parking and loading areas, and the location and extent of required buffer areas; prepared by registered architect, engineer, or landscape architect. The Planning Director strongly encourages the applicant to provide architectural building renderings indicating building elevation and construction materials that the facades and roofs will consist of. All documents must be folded to 8½ x 11".

5. One (1) copy of the site plan reduced to fit an 8½ x 11 sheet;

6. Letter of intent describing what is proposed. (16 copies)

7. Impact Analysis using the form provided or on a separate sheet.

8. Applicant’s and/or Owner’s Certification;

9. Conflict of Interest Certification and Disclosure of Campaign Contributions;

Complete applications must be received in the City Planner’s Office on or before the 15th of the month prior to the Planning and Zoning Commission public hearing (see Planning and Zoning Commission Calendar).

II. PROPOSAL DETAILS

Details of Proposed Use: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Public Utilities: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Access, Traffic, and Parking: __________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Special Physical Characteristics: _________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Attachments:  Review Submitted
Location Map
Site Plan
Plat
Other______________________________

Surrounding Uses and Zoning:
North ______________________________________________________________
South ______________________________________________________________
East _______________________________________________________________
West _______________________________________________________________

III. STANDARD GOVERNING EXERCISE OF THE ZONING POWER

PURSUANT TO SECTION 17.17.20 OF THE CITY OF AUBURN ZONING ORDINANCE, THE AUBURN CITY COUNCIL SHALL CONSIDER FACTORS RELEVANT IN BALANCING THE INTEREST IN PROMOTING THE PUBLIC HEALTH, SAFETY, MORALS OR GENERAL WELFARE AGAINST THE RIGHT OF THE INDIVIDUAL TO THE UNRESTRICTED USE OF PROPERTY AND SHALL SPECIFICALLY CONSIDER THE FOLLOWING STANDARDS GOVERNING EXERCISE OF ZONING POWER.

IV. IMPACT ANALYSIS

Describe the effect of the proposed rezoning in regards to the following criteria. Please, provide detailed responses, simple yes or no answers are not acceptable:

a. Whether the proposed rezoning will permit a use that is suitable in view of the use and development of adjacent and nearby property:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

b. Whether the proposed rezoning will adversely affect the existing use or usability of adjacent or nearby property;
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________
c. Whether the property to be affected by the proposed rezoning has reasonable economic use as currently zoned; ________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

d. Whether the proposed rezoning will result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities or schools; ________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

e. Whether the proposed rezoning is in conformity with the policy and intent of the land use plan; and ________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

f. Whether there are other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the proposed rezoning.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Date Received: ____________________

File #: _____________________

CERTIFICATIONS
In the event an owner’s agent or contract purchaser is filing this application, both of the certifications below must be completed. If the owner is filing the application, only the owner’s certification must be completed.

OWNER’S CERTIFICATION
The undersigned below, hereby declares that they are the owner(s) of the property, which at ___________________________ as shown in the records of ______________ County, GA.

______________________________  ______________________________
Signature of Owner          Date          Type or Print Name and Title    Date

______________________________    Notary Seal
Signature of Notary Public

AGENT’S CERTIFICATION
The undersigned below, or as attached, is hereby authorized to make this application by the property owner for the property listed above, which is the subject of this application.

________________________________________________________
Name of Agent          Signature of Owner

________________________________
Appeared before me personally this __________________________ day of ____________, 2____

______________________________  ______________________________
Agent’s Address          Signature of Notary Public

______________________________
Phone          Signature of Notary Public

______________________________
E-mail          Notary Seal
CONFLICT OF INTEREST CERTIFICATIONS

The undersigned below, making application for rezoning, Special Exemption, Special Use Permit, Variance, etc., has complied with the Official Code of Georgia Section 36-67A-1, et. sec., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on forms provided.

______________________________  ______________________________
Signature of Applicant            Date   Signature of Owner               Date

______________________________  ______________________________
Type or Print Name and Title      Date   Type or Print Name and Title      Date

______________________________
Signature of Notary Public        Date

Notary Seal
DISCLOSURE OF CAMPAIGN CONTRIBUTION
In accordance with the Conflict of Interest in Zoning Act, Title 36, Chapter 67A, Official Code of Georgia Annotated. The following questions must be answered.

Have you, within the last four-years immediately preceding the filing of this application, made campaign contributions aggregating $250.00 or more to a member of the Auburn City Council, a member of the Planning and Zoning Commission or a member of the Zoning Board of Appeals, a member of the Planning Department, or any other government officials who will consider the application?

_______  YES  _______ NO

If yes, please complete the following section:

Name and Official Position of Government Official(s):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please list the Date and Amount of the Contribution(s) (list all which aggregated $250.00 or more):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Applicant  Date

Print Name  Date

Signature of Applicant’s Attorney or Representative

Print Name