

REZONE APPLICATION

FEE: Type I - \$1,300; Type II - \$650 (Cash/card/check – make check payable to ACC)

For Staff Use:

PLAN #: ZONE - _____ - _____ - _____

APPLICATION DATE: _____

The application for the Rezoning shall be executed by all property owners, including holders of Deeds to Secure Debt, as recorded in the official records of the Superior Court of Athens-Clarke County, or their authorized agents. If more than one person or entity owns the property, attach a list of property owners with name, mailing address, telephone number, and e-mail address for each. Each owner must complete a Declaration of Ownership and, if appropriate, a form to authorize an agent must be signed by each. Also, each owner and authorized agent must file a Campaign Contributions Disclosure. Make copies of these pages as necessary.

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

COUNTY TAX MAP #: _____

CURRENT ZONING: _____ CURRENT FLU*: _____

PROPOSED ZONING: _____ PROPOSED FLU (Type I Only): _____

**FLU is an abbreviation for Future Land Use designation*

CURRENT USE: _____

PROPOSED USE: _____

ACREAGE: _____

UTILITIES: Public Water and Sewer Public Water and Septic Well and Septic

WHEN WAS PROPERTY PURCHASED? _____

A LEGAL DESCRIPTION BY DEED OR SURVEY MUST BE ATTACHED TO THIS APPLICATION IF METES AND BOUNDS ARE NOT DEPICTED ON SITE PLAN

Pre-Application Conference

A petition for a Special Use Permit will only be accepted after a pre-application conference.

Please provide the date the Pre-Application Conference was held for this project: _____

Please provide the reference case number for Pre-Application Conference: **PRE** - _____ - _____ - _____

The Unified Government of Athens-Clarke County is a public entity subject to Georgia’s Open Records laws. All submitted applications and associated plans and documents are covered under such laws and may be released to other parties unless they contain information specifically protected by law.

I understand that incomplete applications cannot be processed and will result in delay. This application is complete to the best of my knowledge and in accordance with all submittal requirements.

APPLICANT’S NAME: _____

APPLICANT’S SIGNATURE: _____

DATE: _____

FOR STAFF USE ONLY:

20 Plan Sets: Yes Digital Copy: Yes

Received by/Date: _____

20 Application Reports: Yes

Notification to Surrounding Property Owners

The applicant shall provide to the Athens-Clarke County Planning Department blank, stamped envelopes of a number sufficient to provide notice to all property owners of parcels lying in whole or in part within a distance of 400 feet of the proposed Rezone as measured from the subject property lines. The owners of record shall be as shown on the Athens-Clarke County Tax Commissioner's records. The Planning Department shall address the stamped envelopes to send letters by regular mail giving notice of the public hearing and of the purpose of the request for a change to the zoning classification. Stamped envelopes are due at the Planning Department at the time of the application deadline.

DECLARATION OF OWNERSHIP & AGENT AUTHORIZATION

The application shall be executed by all property owners, including holders of Deeds to Secure Debt, as recorded in the official records of the Superior Court of Athens-Clarke County, or their authorized agents.

I swear that I am the owner of the property located at _____,
(project address)
which is the subject property of the attached application, as shown in the records of Athens-Clarke County, Georgia

Owner's Name (print): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

OWNERS'S SIGNATURE*: _____ **DATE:** _____

**If owner is an LLC, corporation, or some other business entity, please provide name of individual signing on behalf of said entity on the provided line below:*

ORGANIZATION/BUSINESS REPRESENTATIVE*: _____

I authorize the person named below to act as applicant or agent in the pursuit of a Rezone for this property.

Agent's Name (print): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

OWNERS'S SIGNATURE*: _____ **DATE:** _____

**If owner is an LLC, corporation, or some other business entity, please provide name of individual signing on behalf of said entity on the provided line below:*

ORGANIZATION/BUSINESS REPRESENTATIVE*: _____

PROPERTY OWNER'S DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Pursuant to Section 36-67A-1 et seq. of the Georgia Code Annotated, adopted by the Georgia General Assembly, effective July 1, 1986, the following disclosure is mandatory. When any applicant for rezoning action has been made, within two years immediately preceding the filing of that applicant's application for the rezoning action, campaign contributions aggregating \$250.00 or more to a local government official, it shall be the duty of the applicant and the agent representing the applicant to file a disclosure report with the governing authority of the respective local government. Any applicant for rezoning action knowingly failing to make any disclosure as required by Code Section 36-67A-1 et seq. shall be guilty of a misdemeanor.

- A. Name of local government official to whom the campaign contribution or gift was made: _____
- B. The dollar amount of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the Special Use Permit action and the date of each such contribution:
 Amount: \$ _____ Date of Contribution: _____
- C. Enumeration and description of each gift having a value of \$250.00 or more made by the applicant to the local government official during the two years immediately preceding the filing of this application for Special Use Permit.

OWNER'S NAME: _____

OWNERS'S SIGNATURE: _____ **DATE:** _____

**If owner is an LLC, corporation, or some other business entity, please provide name of individual signing on behalf of said entity on the provided line above.*

****Agents who are representing property owners must also fill out the attached campaign disclosure form****

AGENT'S DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Pursuant to Section 36-67A-1 et seq. of the Georgia Code Annotated, adopted by the Georgia General Assembly, effective July 1, 1986, the following disclosure is mandatory. When any applicant for rezoning action has been made, within two years immediately preceding the filing of that applicant's application for the rezoning action, campaign contributions aggregating \$250.00 or more to a local government official, it shall be the duty of the applicant and the agent representing the applicant to file a disclosure report with the governing authority of the respective local government. Any applicant for rezoning action knowingly failing to make any disclosure as required by Code Section 36-67A-1 et seq. shall be guilty of a misdemeanor..

- A. Name of local government official to whom the campaign contribution or gift was made: _____
- B. The dollar amount of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the Special Use Permit action and the date of each such contribution:
 Amount: \$ _____ Date of Contribution: _____
- C. Enumeration and description of each gift having a value of \$250.00 or more made by the applicant to the local government official during the two years immediately preceding the filing of this application for Special Use Permit.

AGENT'S NAME: _____

AGENT'S SIGNATURE: _____ **DATE:** _____

**If agent is an LLC, corporation, or some other business entity, please provide name of individual signing on behalf of said entity on the provided line above.*