



ROCKDALE COUNTY PLANNING & DEVELOPMENT

P.O. Box 289/958 Milstead Ave NE, Conyers, GA, 30012
Phone: 770-278-7100
Email: planning@rockdalecountyga.gov

CASE #: _____

FUTURE LAND USE MAP AMENDMENT (COMPREHENSIVE PLAN) AND ALTERATIONS TO CONDITIONS OF APPROVAL APPLICATION CHECKLIST

This application is required for a Future Land Use (FLU) Map Amendment application that does not involve a rezoning (zoning map amendment) application. Additionally, this application is required for Alterations to or Repeal of Conditions of Approval. The Instructions provide further details.

FILING INFORMATION (OFFICE USE ONLY)

Filing Date: | BOC 1R WS: | BOC 1R VS: | PC Hearing: | BOC Hearing: | BOC 2R WS: | BOC 2R VS:

PROPERTY

Property Address(es):
(With City and Zip Code) | Tax Parcel Numbers:

Total Acreage: | Number of Properties:

Per 2019 House Bill 493, detailed checklists of items required to be submitted for each type of project are supplemental to this application. Each item **must be checked off and a page number where the item is located must be noted** and included with the application. The applicant must sign the affidavit, at the end of the application and each required checklist, certifying that all required items are provided. If there are questions regarding items required for your specific project, contact staff for clarification prior to submitting the application.

Applications that do not provide documentation or required materials will be noted as incomplete and may result in delays in the Board of Commissioners', Planning Commission's, or Staff's review of the application and/or denial of the request. The Board of Commissioners and Planning Commission reserves the right to require additional information if it believes that the submission of such information is necessary to understand the nature of the intended activity.

Revisions made to the applications after the submittal deadline and prior to the Board of Commissioners' or Planning Commission's hearing may be continued to the following month's hearing.

The Unified Development Ordinance (UDO) Sec. 202.6 provides the zoning districts that are permitted within each FLU Category. If the FLU Category does not permit the proposed zoning district, this application is required.

The filing fee is based upon the number of properties, the amount of acreage of each property that require a FLU Amendment and the amount of acreage of each property to be rezoned.

- REQUIRED Pre-Application Conference** (UDO Sec. 238-4(d)(1)):
Date attended and with which staff member:
- Completed Application:** Provide one (1) digital copy and three (3) hard copies of the entire submittal packet.
- Property Information (Page 4)**
- Contact Information (Page 4):** Property Owner(s), Applicant, Authorized Agent, Attorney.
- Proof of Ownership:** Deed recorded with Rockdale County Clerk of Courts. A copy of the deed of the property or properties may be obtained at the Rockdale County Courthouse in the Real Estate Records Room on the 1st floor.
- Site and Development Information (Page 5):** General information on the property, services and utilities.
- Justification of the Request (Page 6):** In your own words, type the reason you believe the zoning of the subject property should be amended.
- Future Land Use Map Amendment Review Standards (Page 7):** Provide justification for each of the following review standards (UDO Sec. 238-4(g)(2)). The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request.
- Conditions of Approval (Page 8):** UDO Sec. 238-15. Provide justification for each of the review standards listed in UDO Sec. 238-4(g)(1). The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request.
- Applicant Certification (Page 9)**
- Ownership Statement and Campaign Contribution Disclosure Statement (Page 10):** If the property is listed in the name of more than one individual or entity, each owner must sign all documents. Property owner(s) signature(s) must be notarized. If the property has been sold within the last 90 days, a copy of the deed with the new owner(s) name(s) is required. Ownership of property will be verified by staff. The owner(s) of the property is required to disclose political campaign contributions. Disclosures must be notarized.
- Agent Authorization Form and Campaign Disclosure Statement (Page 11):** If the owner of the property wishes to have someone represent his/her interest in all matters relating to a rezoning application, the notarized signatures of the owner(s) and agent are required. Agents are required to disclose political campaign contributions. Disclosures must be notarized.

FLU Map Amendment

Acres	Fee per Property	Tax Parcel Nos.	No. of Properties	Fee Amount (Fee x #)
<input type="checkbox"/> 0-4.99 acres	\$250			\$
<input type="checkbox"/> 5-9.99 acres	\$400			\$
<input type="checkbox"/> 10-19.99 acres	\$550			\$
<input type="checkbox"/> 20 acres and more	\$700			\$
Filing Fee (Fee Amount)				\$

AFFIDAVIT CERTIFYING COMPLETENESS OF APPLICATION

I hereby acknowledge that I understand the requirements listed above for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.

_____, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:

(Signature)

(Applicant's Name)

(Date)

NOTARY

The secure and verifiable document provided with this affidavit can best be classified as:

(type of document)

Executed in _____, _____, _____, this _____ day of _____, 20____
(city) (county) (state) (day) (month) (year)

Notary Public signature

GA Registration No. and expiration date

SEAL



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CASE #: _____

FUTURE LAND USE MAP AMENDMENT (COMPREHENSIVE PLAN) AND ALTERATIONS TO ZONING CONDITIONS APPLICATION FILING INFORMATION (OFFICE USE ONLY)

Filing Date:	BOC 1R WS:	BOC 1R VS:	PC Hearing:	BOC Hearing:	BOC 2R WS:	BOC 2R VS:
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PROPERTY INFORMATION

Property Address(es): (With City and Zip Code)			Tax Parcel Numbers:			
Total Acreage:			Number of Properties:			
Subdivision:		Land Lot(s):		District(s):		
Current Zoning:						
Current FLU Category:			Proposed FLU Category:			
Current Use:			Proposed Use:			
Zoning History (Rezoning, Special Use Permits, Variances, etc.):						
Are there existing conditions of zoning for the property? If so, please list:						
Purpose of requested amendment:						

APPLICANT INFORMATION

Applicant / Authorized Agent:			Authorized Agent / Attorney:			
Business / Person Name:			Business / Person Name:			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Office #:	Mobile #:		Office #:	Mobile #:		
Email:			Email:			
Applicant Status (check one):	<input type="checkbox"/> Owner	<input type="checkbox"/> Authorized Agent				

PROPERTY OWNER INFORMATION

Owner 1:			Owner 2:			
Business / Person Name:			Business / Person Name:			
Owner of Tax Parcel No(s):			Owner of Tax Parcel No(s):			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Office #:	Mobile #:		Office #:	Mobile #:		
Email:			Email:			

PROPERTY OWNER INFORMATION

Owner 3:			Owner 4:			
Business / Person Name:			Business / Person Name:			
Owner of Tax Parcel No(s):			Owner of Tax Parcel No(s):			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Office #:	Mobile #:		Office #:	Mobile #:		
Email:			Email:			

SITE INFORMATION

Any Applicable Zoning Overlay Districts:

Schools:

(If this request is for a commercial, industrial or office institutional zoning, school enrollment figures are not required, but the location of the nearest schools must still be completed.)

Type	Name	Current Enrollment	Capacity	Difference
Elementary School:				
Middle School:				
High School:				

Transportation:

	North	South	East	West
Adjacent Roads:				
Existing ROW:				
Future ROW:				
Type:				

Types: County Rd; State Hwy; Private Dr; Paved; Dirt; Other

Are there state or county road improvements planned that would impact the rezoning site (by either Rockdale County or GDOT)?

If so, please identify:

Utilities:

Gas Service:

Electric Service:

Potable Water (check one):

Public System

Well

Location of Nearest Line:

Diameter of Line:

Distance to Closest Fire Hydrant:

Wastewater (check one):

Public System

Septic Tank

Nearest Treatment Plant:

Evaluation by Soil Scientist:

Max Operating Capacity:

Environmental Health Approval:

Level of Operation:

Are there any utility easements recorded on the land to be considered for rezoning?

If, so please describe:

Stormwater:

FIRM Panel No. and Date:

Basin:

Sub-Basin:

Are there streams, rivers, lakes or other water bodies located on or adjoining this site?

If so, please identify:

Property Within Floodplain?

Zone:

If so, has it been identified on your property plat?

Yes

No

How many acres are impacted by floodplain?

Wetlands

Type:

DEVELOPMENT INFORMATION

Type of Development: (check one)

Residential

Nonresidential

Mixed Use

Type of Residential: (check one)

Single-Family Residential

Two-Family Residential

Multi-Family Residential

Type of Nonresidential:

If Use Contains a Residential Component:

Number of Units:

Acreage:

Residential Density (Lots/Units per Acre):

If Use Contains a Commercial Component:

Total Building Area Proposed:

Number of Parking Spaces:

Does the development qualify for a Development Regional Impact (DRI)? See pages 12 and 13 of the Application Instructions for more information.

Yes

No

JUSTIFICATION OF THE REQUEST

In your own words, type the reason you believe the zoning of the subject property should be amended. Please address the following:

1. The intent of the proposed amendment and the intended timing and phasing of development. State the reasons why you believe the current zoning district classification for the subject rezoning site is incorrect and why approval of a different zoning district classification is appropriate.

2. The impact of the proposed amendment on the capacities of public facilities including, but not limited to, transportation facilities, sewage facilities, water supply, parks, drainage, schools, solid waste, and emergency medical facilities.

3. The impact of the proposed amendment on the natural environment, especially existing trees, water bodies, and water quality.

4. The contribution of the proposed amendment to an orderly and logical development pattern.

FUTURE LAND USE MAP AMENDMENT REVIEW STANDARDS

Additionally, provide justification for each of the following review standards (UDO Sec. 238-4(g)(2)). The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request:

a. Whether a proposed future land use map amendment would result in a future land use classification that is more consistent with the text and policies of the comprehensive plan than the current classification of the property on the future land use map.

b. Whether the proposed amendment would result in a land use that is more compatible with the current and future land use of adjacent and nearby property.

c. Whether the proposed amendment would result in more efficient use of publicly financed community facilities and infrastructure.

d. The extent to which the proposed amendment would increase adverse impacts on the natural environment; especially water quality, greenspace preservation and air quality.

e. Whether the proposed amendment would reduce dependence on the automobile.

f. The extent to which the proposed amendment would increase adverse impacts on historic or cultural resources.

g. If an amendment would affect only a single parcel, whether it should be made part of an area-wide review of future land use that includes review of future land use for the subject parcel and other surrounding property.

h. The degree to which the proposed amendment would have adverse impacts on land in adjacent municipalities and local governments.

i. Whether the proposed amendment would result in any negative impacts on the public water supply and wastewater collection and treatment systems or would conflict with adopted long-term water and sewer plans.

ALTERATIONS TO OR REPEAL OF THE CONDITIONS OF APPROVAL

This page is only required for existing Conditions of Approval that were imposed with the adoption of a Future Land Use Map Amendment. If Conditions of Approval exist for a Zoning Map Amendment (Rezoning) or a Special Use Permit that need to be changed, separate application(s) are required.

a. List the existing conditions of approval:

b. List the existing conditions of approval that are proposed to be altered and/or repealed:

c. Provide justification for the proposal:

APPLICANT CERTIFICATION

Please read and initial the following statements:

- ____ 1. I hereby request the County consider the information contained within this application relative to the property shown on the attached plats and site plan and further request that this item be placed on the Planning Commission (PC) and/or Board of Commissioners (BOC) Agenda for a public hearing.
- ____ 2. I understand that my request will be rejected if all the necessary information and/or requirements are not presented.
- ____ 3. I understand that I have an obligation to present all necessary information required by the Rockdale County Department of Planning & Development (P&D) to enable the PC and/or BOC to make an informed determination on my request. I will seek advice of P&D Staff or an attorney if I am not familiar with the zoning and land use requirements.
- ____ 4. I understand that my request will be acted upon at the PC and BOC Public Hearings and that I am required to be present or to be represented by the authorized representative as indicated on this application, so that someone is available to present all facts and answer questions. I understand that failure to appear at a public hearing may result in the postponement or denial of my request. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Rockdale County.
- ____ 5. The Rockdale County Unified Development Ordinance requires a public participation sign on the subject property. In order to ensure that the correct information is included on the public participation sign, P&D will prepare the sign and post the sign.
- ____ 6. I hereby acknowledge that I understand the requirements listed on the checklist for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.
- ____ 7. I have read and understood the applicable sections of the Rockdale County Unified Development Ordinance, as provided in the Instructions.

____, the undersigned also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____ (Signature)	_____ (Applicant's Name)	_____ (Date)
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NOTARY

The secure and verifiable document provided with this affidavit can best be classified as:	_____ (type of document)
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Executed in _____, _____, _____, this _____ day of _____, 20____

(city) (county) (state) (day) (month) (year)

Notary Public signature	SEAL
GA Registration No. and expiration date	



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**OWNERSHIP STATEMENT &
OWNER'S CAMPAIGN
DISCLOSURE STATEMENT**

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records. Husband and wife or other individuals shall each sign individually. Make copies if needed.

OWNERSHIP STATEMENT

As the current owner(s) of Tax Parcel #(s) _____, I (we) respectfully request that the subject property be placed in a different FLU Category and/or that Alterations to Conditions of Zoning be made.

Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

If the owner is a business, list the Registered Agent or Authorized Signatory:

OWNER'S CAMPAIGN DISCLOSURE STATEMENT

- No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.
- Yes, I have made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.

If yes, notate to whom the campaign contribution was made during the two years immediately preceding the filing of the application, the dollar amount, description of each contribution, and the date each contribution below and continue on a separate sheet if necessary, in the following format:

Rockdale County Board of Commissioners

Name	Position	Amount	Description	Date
Oz Nesbitt, Sr.	Chairman			
Sherri L. Washington, Esq.	Post I Commissioner			
Doreen Williams, PhD	Post II Commissioner			

Conyers-Rockdale Planning Commission

Name	Position	Amount	Description	Date
Steve Weinstein, PhD	PC Chairman, County			
Tom Harrison	Vice-chair, County			
Tawanna Smith-Fenty	City			
Ernestine Stovall-Goolsby	County			
Muddessar Ahmad	City			
Karen Benton	City			
Ronnie Burrell	County			

_____, the undersigned also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____ (Signature)	_____ (Owner's Name)
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NOTARY

The secure and verifiable document provided with this affidavit can best be classified as: _____ (type of document)

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**AGENT
AUTHORIZATION
STATEMENT**

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records if they wish to have an agent represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

AGENT AUTHORIZATION STATEMENT

I, _____, hereby certify that I have authorized the following agent to make the request, claims and representation pursuing this application regarding Tax Parcel Nos.:

Agent's Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

SIGNATURE

Wait to be in front of notary to sign:	_____ (Owner's Signature)	_____ (Owner's Name - Printed)
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NOTARY

The secure and verifiable documents provided with this affidavit can best be classified as:	_____ (type of document)
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**ATTORNEY
 AUTHORIZATION
 STATEMENT**

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records or by the agent if they wish to have an attorney represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

ATTORNEY AUTHORIZATION STATEMENT

I, _____, hereby certify that I have authorized the following attorney to make the request, claims and representation pursuing this application regarding Tax Parcel Nos.:

Attorney's Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

SIGNATURE

Wait to be in front of notary to sign:	_____ (Owner's/Agent's Signature)	_____ (Owner's/Agent's Name - Printed)
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NOTARY

The secure and verifiable documents provided with this affidavit can best be classified as:	_____ (type of document)
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**AGENT'S/ATTORNEY'S
CAMPAIGN DISCLOSURE
STATEMENT**

To be completed by the agent and the attorney. If both are involved, each shall sign individually. Make copies if needed.

AGENT'S/ATTORNEY'S CAMPAIGN DISCLOSURE STATEMENT

- No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.
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Rockdale County Board of Commissioners

Name	Position	Amount	Description	Date
Oz Nesbitt, Sr.	Chairman			
Sherri L. Washington, Esq.	Post I Commissioner			
Doreen Williams, PhD	Post II Commissioner			

Conyers-Rockdale Planning Commission

Name	Position	Amount	Description	Date
Steve Weinstein, PhD	PC Chairman, County			
Tom Harrison	Vice-chair, County			
Tawanna Smith-Fenty	City			
Ernestine Stovall-Goolsby	County			
Muddessar Ahmad	City			
Karen Benton	City			
Ronnie Burrell	County			

SIGNATURE

Wait to be in front of notary to sign: _____
(Agent's/Attorney's Signature) (Agent's/Attorney's Name - Printed)

NOTARY

The secure and verifiable documents provided with this affidavit can best be classified as: _____
(type of document)

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