



# ROCKDALE COUNTY PLANNING & DEVELOPMENT

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

CASE #s: \_\_\_\_\_

## SPECIAL USE PERMIT AND ALTERATIONS TO CONDITIONS OF APPROVAL APPLICATION CHECKLIST

This application is required for a Special Use Permit and 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. 218.1 provides the list of permitted uses in each Zoning District. If the Zoning District does not permit the proposed zoning use classification, a separate application is required.

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, a separate application is required.

**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.

**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.

**Special Use Permit 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.

**Supplemental Use Standards (Page 8):** UDO Sec. 238-13. Answer each of the review standards listed in UDO Sec. 238-6. The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request.

**Conditions of Approval (Page 9):** UDO Sec. 238-15. Provide justification for each of the review standards listed in UDO Sec. 238-6. The Board of Commissioners, the Planning Commission, and the Department will use these standards to evaluate the request.

**Applicant Certification (Page 10)**

**Ownership Statement and Campaign Contribution Disclosure Statement (Page 11):** 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 12):** 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.

**Attorney Authorization Form and Campaign Disclosure Statement (Page 13):** If the owner of the property wishes to have an attorney represent his/her interest in all matters relating to this application, the notarized signatures of the current owner(s) and attorney are required. Attorneys are required to disclose political campaign contributions. Disclosures must be notarized.

**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.

**Original Plat or Survey:** Plat or survey recorded with Rockdale County Clerk of Courts or referenced by the Deed, if not recorded.

**Survey plat:** Signed and sealed by an engineer, landscape architect, or land surveyor. A copy of the existing survey plat of the property or properties may be obtained at the Rockdale County Courthouse in the Real Estate Records Room on the 1st floor. However, one complete boundary survey is required for projects with more than one property.

**Legal description of the property:** This written description, found on the property deed, containing the metes & bounds of the property or properties. However, the legal description must be provided in Word with this application.

**Site plan:** Complete and detailed site plan of the proposed use prepared, signed and sealed by an architect, landscape architect or engineer licensed in the State of Georgia showing the following. The Site Plan may include any additional graphics which will explain the features of the development, but shall include the following:

- A written description of the details of the proposed use and development details.
- A vicinity map showing the use and zoning of all properties within one (1) mile of the property subject to the rezoning request.
- All proposed setbacks, buffer yards, structure heights, and lot coverage calculations.
- All proposed buildings, structures, fences, or walls, areas of outdoor storage, permanent dumpsters, and other improvements to be located upon the site and adjacent sites within 400 feet of the subject property.
- All proposed open spaces and recreational amenities.
- All proposed stormwater management facilities and connections (all stormwater connections shall be subject to the approval of the Rockdale County Stormwater Department).
- All proposed location and capacities of public and private utilities (all septic systems shall be subject to the approval of the Rockdale County Environmental Health Department, all public sewer and water connections shall be subject to the approval of the Rockdale County Water Resources or public service provider).
- Lakes, streams, other water bodies, and wetlands on or adjacent to the site and associated buffers.
- All proposed public improvements including sidewalks, street trees, and right-of-way dedications.
- All proposed locations for temporary uses, such as seasonal sales areas.
- Such other and additional information as may be requested by the Zoning Administrator.

**Current and Proposed FLU Category and Zoning District for the property:**

| Address | Tax Parcel No. | Acreage | Current FLU Category | Proposed FLU Category | Current Zoning District | Proposed Zoning District |
|---------|----------------|---------|----------------------|-----------------------|-------------------------|--------------------------|
|         |                |         |                      |                       |                         |                          |
|         |                |         |                      |                       |                         |                          |
|         |                |         |                      |                       |                         |                          |

**Filing Fee:** The non-refundable filing fee is payable at the time of application. Payment may be made by cash (exact amount), credit card (VISA or Mastercard), check, or money order payable to Rockdale County.

Special Use Permit; and Alterations to Special Use Conditions

| Acres                                      | Fee per Property | Fee Amount |
|--|------------------|------------|
| <input type="checkbox"/> 0-4.99 acres      | \$400            | \$         |
| <input type="checkbox"/> 5-9.99 acres      | \$500            | \$         |
| <input type="checkbox"/> 10-19.99 acres    | \$700            | \$         |
| <input type="checkbox"/> 20 acres and more | \$900            | \$         |

Development of Regional Impact (DRI) required by UDO Sec. 238-5. See Pages 10 and 11 of the Instructions for the ARC DRI Thresholds.

Fee: \$1,200

**Filing Fee (Fee Amount + DRI Fee) \$**

**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: | _____<br>(Signature) | _____<br>(Applicant's Name) | _____<br>(Date) |
|--|----------------------|-----------------------------|-----------------|

**NOTARY**

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

Executed in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(city) (county) (state) (day) (month) (year)

|   |             |
|---|-------------|
| Notary Public signature                 | <b>SEAL</b> |
|   |             |
| GA Registration No. and expiration date |             |



# ROCKDALE COUNTY PLANNING & DEVELOPMENT

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

CASE #'s: \_\_\_\_\_

## SPECIAL USE PERMIT 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: |
|--------------|------------|------------|-------------|--------------|------------|------------|

### PROPERTY INFORMATION

|   |  |              |                        |              |  |  |
|---|--|--------------|------------------------|--------------|--|--|
| Property Address(es):<br>(With City and Zip Code)                             |  |              | Tax Parcel Numbers:    |              |  |  |
| Total Acreage:  |  |              | Number of Properties:  |              |  |  |
| Subdivision:  |  | Land Lot(s): |                        | District(s): |  |  |
| Current Zoning:   |  |              | Proposed 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:                        | Fax #:                         |   | Email:                       | Fax #:    |      |  |
| Applicant Status (check one): | <input type="checkbox"/> Owner | <input type="checkbox"/> Authorized Agent |                              |           |      |  |

### PROPERTY OWNER INFORMATION

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

## 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 10 and 11 of the Application Instructions for more information.

Yes

No

## SPECIAL USE PERMIT CRITERIA TO BE APPLIED

In your own words, type the reason you believe a special use permit should be granted by providing justification for each of the following review standards (UDO Sec. 238-4(m)). The following criteria shall be applied by the department, the planning commission, and the board of commissioners in evaluating and deciding any application for a special use permit. No application for a special use permit shall be granted by the board of commissioners unless satisfactory provisions and arrangements have been made concerning each of the following criteria, all of which are applicable to each application. Please address the following:

- (1) Whether or not the proposed plan is consistent with all of the requirements of the zoning district in which the use is proposed to be located, including required parking, loading, setbacks and transitional buffers. (i.e. Does the proposed project meet all the zoning requirements, including parking, loading, setbacks and buffers?)

- (2) Compatibility of the proposed use with land uses on adjacent properties and other properties within the same zoning district, including the compatibility of the size, scale and massing of proposed buildings in relation to the size, scale and massing of adjacent and nearby lots and buildings. (i.e. Is the proposed project compatible with the land uses of neighboring properties, including size, scale and massing of proposed building?)

- (3) Adequacy of the ingress and egress to the subject property, and to all proposed buildings, structures, and uses thereon, including the traffic impact of the proposed use on the capacity and safety of public streets providing access to the subject site. (i.e. Is the access to the property, including all buildings, structures and uses, adequate? Will the project impact traffic, or the capacity and safety on nearby public streets?)

- (4) Consistency with the county's wastewater treatment system, including the feasibility and impacts of serving the property with public wastewater treatment service and, if an alternative wastewater treatment method is proposed, whether such wastewater treatment method will have a detrimental impact on the environment. (i.e. Is the project consistent with the county's wastewater system capacity? If an alternative wastewater treatment method is proposed, would this method have a detrimental impact on the environment?)

(5) Adequacy of other public facilities and services, including stormwater management, schools, parks, sidewalks, and utilities, to serve the proposed use. (i.e. Are other public facilities and services, such as stormwater management, schools, parks, sidewalks, and utilities, sufficient to serve the proposed project?)

(6) Whether or not the proposed use will create adverse impacts upon any adjacent or nearby properties by reason of noise, smoke, odor, dust, or vibration, or by the character and volume of traffic generated by the proposed use. (i.e. Would the proposed project have adverse impacts on nearby properties, including noise, smoke, odor, dust or vibration?)

(7) Whether or not the proposed use will create adverse impacts upon any adjoining land use by reason of the manner of operation or the hours of operation of the proposed use. (i.e. Would the project create adverse impact on nearby properties by its operations, including business hours?)

(8) Whether or not the proposed use will create adverse impacts upon any environmentally sensitive areas or natural resources. (i.e. Would the project create adverse impacts on the natural environment?)

## SUPPLEMENTAL USE STANDARDS (STANDARDS OF USE AND DEVELOPMENT

This page is only required for zoning use classifications that have supplemental use standards in UDO Sec. 218-13.

a. List the supplemental use standards:

b. List the supplemental use standards that the property complies with:

c. List the supplemental use standards that the property does not comply with:



## 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 the original Special Use Permit. If Conditions of Approval exist for the Future Land Use Map (Comprehensive Plan) or Rezoning (Zoning Map Amendment) that need to be changed, separate application(s) are required.

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a. List the existing conditions of approval:

---

---

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

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---

c. Provide justification for the proposal:

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

**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 issued a Special Use Permit or that Alterations to Conditions of Zoning be made.

|          |            |        |      |  |
|----------|------------|--------|------|--|
| Name:    | Phone #'s: | Email: |      |  |
| Address: | City:      | State: | Zip: |  |

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              |        |             |      |

**SIGNATURE**

\_\_\_\_\_, 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 - Printed) |
|--|-------------------|--------------------------------|

**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                 | <b>SEAL</b> |
|   |             |
| GA Registration No. and expiration date |             |



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**PLANNING & DEVELOPMENT**  
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Email: [planning@rockdalecountyga.gov](mailto:planning@rockdalecountyga.gov)

**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) |
|--|---------------------------|--------------------------------|

**NOTARY**

|   |                          |
|---|--------------------------|
| The secure and verifiable documents 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                 | <b>SEAL</b> |
|   |             |
| GA Registration No. and expiration date |             |



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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) |
|--|-----------------------------------|--|

**NOTARY**

|   |                          |
|---|--------------------------|
| The secure and verifiable documents 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                 | <b>SEAL</b> |
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Phone: 770-278-7100  
Email: planning@rockdalecountyga.gov

## 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.
- 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              |        |             |      |

### 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)

Executed in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (city) (county) (state) (day) (month) (year)

\_\_\_\_\_  
 Notary Public signature  
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**SEAL**