



ROCKDALE COUNTY PLANNING & DEVELOPMENT

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

CASE #: _____

REZONING (ZONING MAP AMENDMENT) AND ALTERATIONS TO CONDITIONS OF APPROVAL APPLICATION CHECKLIST

This application is required for Rezoning submittals that do NOT require a Future Land Use (FLU) Map Amendment application. Additionally, this application is required for Alterations to or Repeal of Conditions of Approvals. 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): _____ Tax Parcel Numbers: _____
(With City and Zip Code)

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 Public 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 permits 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 Rezoning, the requested Zoning District that is being requested, 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.
- 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.
- Rezoning Review Standards (Page 7):** 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.
- 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.

- Attorney Authorization Form and Campaign Disclosure Statement (Page 12):** 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 architect, 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:** Drawn to scale, showing all existing property improvements, and all proposed improvements. The Conceptual Development 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 Each Property:

Address	Tax Parcel No.	Acreage	Current 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. The filing fee is based upon the number of properties, amount of acreage of each property to be rezoned, and the type of zoning that is being requested.
- Development of Regional Impact (DRI) required by UDO Sec. 238-5. See Pages x and x of the Instructions for the ARC DRI Thresholds.

Fee: \$1,200

Rezoning to AR, R-1, CRS, CDS, and CSO

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	\$300			\$
<input type="checkbox"/> 10-19.99 acres	\$400			\$
<input type="checkbox"/> 20 acres and more	\$500			\$

Rezoning to R2, MUR, and RM

Acres	Fee per Property	Tax Parcel Nos.	No. of Properties	Fee Amount (Fee x #)
<input type="checkbox"/> 0-4.99 acres	\$300			\$
<input type="checkbox"/> 5-9.99 acres	\$400			\$
<input type="checkbox"/> 10-19.99 acres	\$550			\$
<input type="checkbox"/> 20 acres and more	\$700			\$

Rezoning to a Nonresidential District

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	\$300			\$
<input type="checkbox"/> 10-19.99 acres	\$400			\$
<input type="checkbox"/> 20 acres and more	\$500			\$

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:	_____ (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
GA Registration No. and expiration date

SEAL



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CASE #: _____

ZONING MAP AMENDMENT (REZONING) AND ALTERATIONS TO CONDITIONS OF APPROVAL 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:			Proposed Zoning:			
Current 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 on page 8.						
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 REZONING 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.

REZONING REVIEW STANDARDS

Additionally, provide justification for each of the following review standards (UDO Sec. 238-4(g)(1)). The Board of Commissioners, the Planning Commission and the Department will use these standards to evaluate the request:

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

b. Whether the property to be affected by a proposed rezoning has a reasonable economic use as currently zoned.

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

d. Whether the proposed rezoning will result in a use that 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 comprehensive plan.

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

g. Whether, and the extent to which, the proposed amendment would result in significant adverse impacts on the natural environment.

h. The feasibility of serving the property with public wastewater treatment service and the impacts of such on the wastewater system; and, if an alternative wastewater treatment method is proposed, whether such wastewater treatment method is authorized in Rockdale County and will have a detrimental impact on the environment.

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 Zoning Map Amendment (Rezoning). If Conditions of Approval exist for a Future Land Use Map Amendment 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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PLANNING & DEVELOPMENT
P.O. Box 289/958 Milstead Ave NE, Conyers, GA, 30012
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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 rezoned 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 - Printed)
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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
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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)
--	---------------------------	--------------------------------

NOTARY

The secure and verifiable documents 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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**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.
- 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)

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