

ROCKDALE COUNTY  
DEPARTMENT OF PLANNING & DEVELOPMENT



**REZONING  
APPLICATION**

UNIFIED DEVELOPMENT ORDINANCE  
DEPARTMENT OF PLANNING AND DEVELOPMENT

1117 West Avenue NW  
Conyers, Georgia 30012

Phone: 770-278-7100  
Fax: 770-278-8940  
[www.rockdalecounty.org](http://www.rockdalecounty.org)

# ROCKDALE COUNTY REZONING APPLICATION CHECKLIST

## FILING DEADLINE:

Deadline is the First Friday of Each Month, Before 4:00pm.

Fees may be paid by check or card. We do not accept American Express or cash.

The filing fee is based upon the number of properties, the acreage of each property, and the requested zoning district.

## REQUIRED ITEMS FOR REZONING:

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

**Pre-Application Conference:** Date attended and with which staff member

**Completed Application:** Provide one PDF copy to [planning@rockdalecountyga.gov](mailto:planning@rockdalecountyga.gov) and one hard copy of the entire submittal packet.

**Letter of Intent:** In your own words, type the reason you believe the zoning of the subject property should be amended.

**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.

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

**OR**

**Survey:** Survey should be signed and sealed by an architect, engineer, landscape architect or land surveyor.

**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 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 surrounding properties;
  - Proposed setbacks and transitional buffers;
  - Proposed open or recreational spaces, if any;
  - Proposed lot sizes, buildings, fences and walls, dumpsters, and other improvements;
  - Proposed stormwater management facilities, subject to the approval of the Rockdale County Stormwater Department;
  - Proposed location and capacities of public and private utilities, subject to the approval of the Rockdale County Environmental Health Department or Rockdale County Water Resources;
  - Lakes, streams, floodplains, wetlands, and associated buffers;
  - Proposed public improvements including sidewalks, street trees, and right-of-way dedications;
  - Existing and proposed easements;
  - Impact on school enrollment and transportation facilities;
  - Impact on existing water, sewer, and stormwater facilities;
  - Any additional information as may be requested by the Department.
- 
- Traffic Study (if required)
  - Development of Regional Impact Review Form (DRI) per UDO Sec. 238-5 (if required)

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



## PROPERTY INFORMATION

Property Address(es):		Tax Parcel Number(s):	
Number of Properties:	Land Lot/District(s):	Subdivision:	Total Acreage:
Current Zoning:	Proposed Zoning:	Current FLU:	Proposed FLU:
Current Use:		Proposed Use:	

## DEVELOPMENT INFORMATION

Type of Development: (check one)	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mixed Use
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Mixed Residential Uses	<input type="checkbox"/> Multi-Family Residential
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)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICANT'S INFORMATION

Applicant:			Authorized Agent / Attorney:		
Business / Person Name:			Business / Person Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:			Email:		

## PROPERTY OWNER'S INFORMATION

Owner 1:			Owner 2:		
Business / Person Name:			Business / Person Name:		
Owner of Tax Parcel #(s):			Owner of Tax Parcel #(s):		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:			Email:		
Owner 3:			Owner 4:		
Business / Person Name:			Business / Person Name:		
Owner of Tax Parcel #(s):			Owner of Tax Parcel #(s):		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:			Email:		

## 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 Department, the Planning Commission, and the Board of Commissioners will use these standards to evaluate the request:

1. Whether a proposed rezoning will permit a use that is suitable, in view of the use and development of adjacent and nearby property.
2. Whether the property to be affected by a proposed rezoning has a reasonable economic use as currently zoned.
3. The impact of the proposed amendment on the natural environment, especially existing trees, water bodies and water quality.
4. 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.
5. Whether the proposed rezoning is in conformity with the policy and intent of the comprehensive plan.
6. 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.
7. Whether, and the extent to which, the proposed amendment would result in significant adverse impacts on the natural environment.
8. 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.

## AGENT/ATTORNEY AUTHORIZATION STATEMENT

To be completed by the Agent or Attorney 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/ATTORNEY 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 #s.:

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

#### SIGNATURE

Wait to be in front of notary to sign:	_____ Agent/Attorney Signature)	_____ Agent/Attorney 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	

## OWNER 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.

### OWNER 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 #s.:

Owner's Name:	Address:	City:	State:	Zip:
Business:	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	

## 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.

### 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
JaNice Van Ness	Chair & CEO			
Tuwanya C. Smith	Post I Commissioner			
Doreen Williams, PhD	Post II Commissioner			

#### Conyers-Rockdale Planning Commission

Name	Position	Amount	Description	Date
Tom Harrison	PC Chairman, City			
Tamekia White	Vice-chair, City			
Al Ford	City			
Ernestine Stovall-Goolsby	County			
Mark Jacobs II	County			
Phyllis Hatcher	County			
Angela Engram	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:

\_\_\_\_\_  
(Owner's 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

**SEAL**

GA Registration No. and expiration date

**Owner's Campaign Contribution Disclosure Statement:** 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'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:

Name	Position	Amount	Description	Date
JaNice Van Ness	Chair & CEO			
Tuwanya C. Smith	Post I Commissioner			
Doreen Williams, PhD	Post II Commissioner			

#### Conyers-Rockdale Planning Commission

Name	Position	Amount	Description	Date
Tom Harrison	PC Chairman, City			
Tamekia White	Vice-chair, City			
Al Ford	City			
Ernestine Stovall-Goolsby	County			
Mark Jacobs II	County			
Phyllis Hatcher	County			
Angela Engram	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	<b>SEAL</b>
GA Registration No. and expiration date	

**Agent/Attorney Campaign Disclosure Statement:** 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.