



Hapeville Department of
Economic Development



PLANNING COMMISSION

**REZONING
APPLICATION**



404-669-8269



www.hapeville.org

3468 North Fulton Avenue, Hapeville, Georgia 30354

SUBMITTAL CHECKLIST REZONING APPLICATION



Submit complete APPLICATION with notarized signatures.



Submit notarized AUTHORIZATION(S) OF PROPERTY OWNER (S).



Submit AUTHORIZATION OF ATTORNEY, if an attorney is filing the application on behalf of a property owner.



Submit a LETTER OF INTENT



Submit a copy of a SURVEY PLAT of the property to be considered



Submit a written LEGAL DESCRIPTION in metes and bounds



Submit a conceptual SITE PLAN drawn to scale depicting the proposed use of the property including:

- **A correct scale and north arrow;**
- **The proposed land use and building outline as it would appear should the zoning map amendment application be approved;**
- **The present zoning classification of all adjacent parcels;**
- **The gross square footage of all proposed buildings**
- **The proposed location of all driveways and entry/exit points for vehicular traffic, using arrows to depict direction of movement;**
- **The location of required off-street parking and loading spaces, including number of spaces and driveway dimensions**
- **Required yard setbacks appropriately dimensioned;**
- **The location and extent of required buffer areas, depicting extent of natural vegetation and type and location of additional vegetation if required**
- **Other information as requested by staff**



Application fee: Residential (\$500.00) Commercial (\$750.00) Make checks payable to the City of Hapeville.



Submittal of partial or incomplete applications will not be considered for placement on the Planning Commission agenda until the application is accepted as complete and the appropriate fees are paid.

REZONING APPLICATION

Name of Applicant _____

Mailing Address _____

Telephone _____ Mobile # _____

Email _____

Property Owner (s) _____

Mailing Address _____

Telephone _____ Mobile # _____

Address/Location of Property:

Parcel ID#: _____

Square Foot of Property _____ Acres _____

Present Zoning Classification _____ Proposed Zoning Classification _____

Present Land Use _____

Proposed Land Use _____

I hereby make application to the City of Hapeville, Georgia for the above referenced property. I do hereby swear or affirm that the information provided here and above is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand that the City of Hapeville, Georgia, reserves the right to enforce any and all ordinances regardless of any action or approval on this application.I further understand that it is my/our responsibility to conform with all of City of Hapeville’s Ordinances in full.I hereby acknowledge that all requirements of the City of Hapeville shall be adhered too. I can read and write the English language and/or this document has been read and explained to me and I have full and voluntarily completed this application. I understand that it is a felony to make false statements or writings to the City of Hapeville, Georgia pursuant to O.C.G.A. 16-10-20 and I may be prosecuted for a violation thereof.

Applicant’s Signature

Date: _____

Sworn to and subscribed before me

This _____ day of _____ , 20 _____ .

Notary Public

REZONING APPLICATION

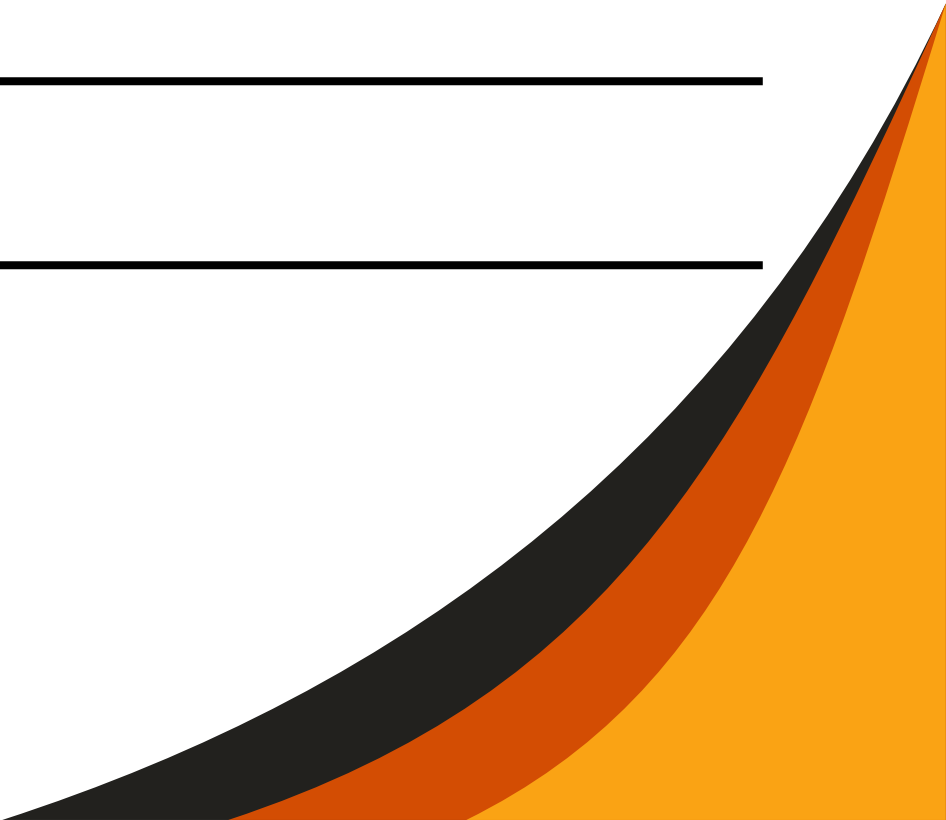
LETTER OF INTENT

In detail, provide a summary of the proposed project in the space provided below. Include the proposed use of each existing or proposed building, and the proposed land use.

What are the reasons the property cannot be used in accordance with the existing regulations?

Will the proposed zoning change create an isolated zoning district that is unrelated to adjacent and nearby districts? Yes _____ No _____

If so, why should this property be placed in a different zoning district than all adjoining property?



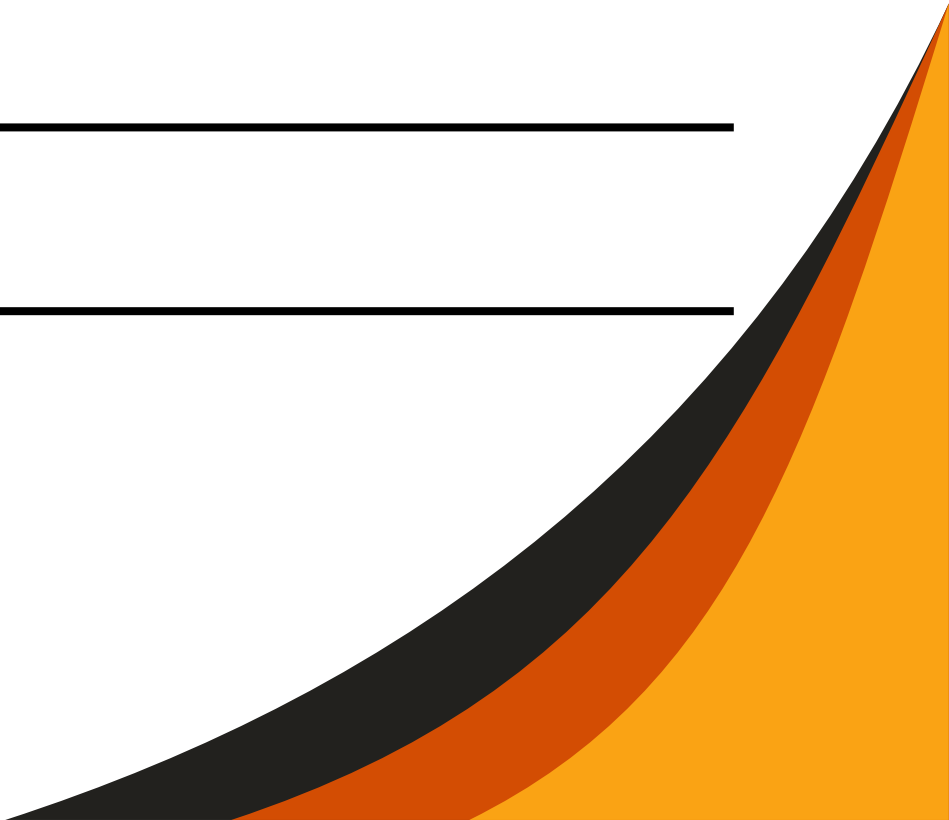
How would the proposed zoning change impact on public facilities and services?

What environmental impacts would the proposed project have?

Describe the effect the proposed zoning request will have on the adjacent properties and how it will impact the character of the neighborhood.

Are there any proffered conditions you would like to apply to and be made part of this application for rezoning? Yes _____ No _____

Please list any written proffered conditions below.



Any development and site plans or other demonstrative materials presented as proffered conditions shall be referenced below and attached to this application as follows: (Please include a date or other identifiable information of each piece of material attached)



REZONING APPLICATION

AUTHORIZATION OF PROPERTY OWNER

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY LOCATED AT:

City of Hapeville, County of Fulton, State of Georgia

WHICH IS THE SUBJECT MATTER OF THIS APPLICATION. I AUTHORIZE THE APPLICANT NAMED BELOW TO ACT AS THE APPLICANT IN THE PURSUIT OF THIS APPLICATION FOR PLANNING COMMISSION REVIEW.

Name of Applicant _____

Address of Applicant _____

Telephone of Applicant _____

Signature of Owner

Print Name of Owner

Personaly Appeared Before Me

This _____ day of _____, 20 _____.

Notary Public



REZONING APPLICATION

Date

AUTHORIZATION OF ATTORNEY

THIS SERVES TO CERTIFY THAT AS AN ATTORNEY-AT-LAW, I HAVE BEEN AUTHORIZED BY THE OWNER(S) TO FILE THE ATTACHED APPLICATION FOR THE PROPERTY LOCATED AT:

City of Hapeville, County of Fulton, State of Georgia

Name of Attorney

Bar Number:

Address

Telephone

REZONING APPLICATION

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS & GIFTS

Application filed on _____, 20 for action by the City Council on the following requested rezoning:

Address to be rezoned: _____

All individuals, business entities or other organizations having a property or other interest in said property that is subject of this application are as follows:

The undersigned below, making application for Rezoning, has complied with the Official Code of Georgia Section 36-67A-1, et. Seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on this form as provided.

Have you as applicant or anyone associated with this application or property, within the two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250 or more to a member of the Hapeville City Council? ____Yes ____No

If YES, please complete the following section (attach additional sheets if necessary):

Name and Official Position of Government Official	Contributions (List all which aggregate to \$250 or more)	Date of Contribution (Within last 2 years)

I do hereby certify the information provided herein is both complete and accurate to the best of my knowledge.

Signature of Applicant

Type or Print Name and Title

Signature of Applicant’s Representative

Type or Print Name and Title
(Affix Raised Seal Here)

Signature of Notary Public Date