

REZONING APPLICATION



Department of Planning and Development

Planning Division

535 Telfair Street, Suite 300

Augusta, GA. 30901

706.821.1796

Only Completed Applications will be accepted



Parking or Land Subdivision Regulation Variance Application

Application Date: _____

Applicant Information	Owner Information
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
Contact Person: _____ Phone: _____	
Contact's e-mail: _____	

I hereby request a Variance for: _____

Applicant is the: Owner Petitioner Contractor Purchaser Other

Property Address: _____
Present zoning _____ Requested Zoning _____
Map/ Parcel #: _____
Proposed Development: _____

I certify that I am the legal owner of the property for which this application is being made and that I have identified all individuals and business entities having an ownership interest in the real property in question on the space below.

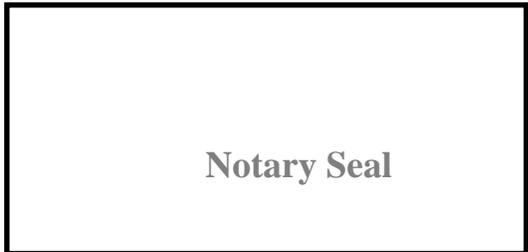
Owner's Signature: _____ Date: _____

Petitioner's Signature: _____ Date: _____

Subscribed and affirmed before me in the county of _____, State of Georgia,

this _____ day of _____, 20 ____.

(Notary's official signature)





Rezoning Application

An application to amend the official Zoning Map of Augusta, GA.

Application Date: _____

Applicant Information	Owner Information
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
Contact Person: _____ Phone: _____	
Contact's e-mail: _____	

I hereby request a Rezoning for the purpose of: _____

I hereby request a Variance for: _____

Applicant is the: Owner Petitioner Contractor Purchaser Other

Property Address: _____
Present zoning _____ Requested Zoning _____
Map/ Parcel #: _____
Proposed Development: _____

I certify that I am the legal owner of the property for which this application is being made and that I have identified all individuals and business entities having an ownership interest in the real property in question on the space below.

Owner's Signature: _____ Date: _____

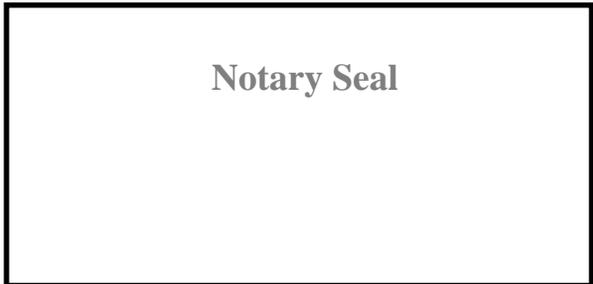
Petitioner's Signature: _____ Date: _____

Subscribed and affirmed before me in the county of _____, State of Georgia,

this _____ day of _____, 20 ____.

(Notary's official signature)

(Commission Expiration)





Standards Governing the Exercise of the Zoning Power

The following standards are used by staff to determine whether a proposed rezoning will:

- a) Will permit a use that is suitable in view of the use and development of adjacent and nearby property;
- b) Adversely affect the existing use or usability of adjacent or nearby property;
- c) Will result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools;
- d) Be in conformity with the policy and intent of the Comprehensive Land Use Plan;
- e) Are there other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the proposed rezoning:

In order to make an application to the Planning Commission you must submit the following: Completed application including all supporting documentation listed in this packet.

A pre-application meeting is required preceding submission of this application or the application will be deemed incomplete – call 706-821-1796

- 1. The following fees made payable to Augusta Planning and Development Department as of March 24, 2014

a) Rezoning A (Agriculture) and R-1 (One-family Residential) Zones	\$800.00
b) All other Zones for applications under 10 acres	\$1000.00
c) All other Zones for applications over 10 acres	\$1,250.00
d) Special Exceptions	\$800.00
e) Subdivision Variance	\$500.00
f) Parking Variance	\$300.00

- 2. If you are not the property owner, you must attach a signed statement of consent from the property owner.
- 3. The Planning Commission meets on the first Monday of each month at 3:00 p.m. unless otherwise advertised due to a holiday. The calendar dates for said meetings are included in this application packet.
- 4. The Planning Commission is a recommending body and their decision is forwarded to the Augusta Commission for a final decision. The Augusta Commission meets on the third Tuesday of each month at 2:00 p.m. unless otherwise advertised.

The undersigned below is authorized to make this application. Section 35-8 states if the zoning decision of a local government is for the rezoning of property and the amendment to the Zoning Ordinance to accomplish the rezoning is defeated by the local government, then the same property may not again be considered for rezoning until the expiration of at least six (6) months immediately following the defeat of the rezoning by the local government pursuant to O.C.G.A. 36-66-4-(c) (2012).

Signature of Applicant

Date

Print Name and Title



Disclosure of Campaign Contributions

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a local government official who will consider this application.

- Yes No

Applicant's Name: _____

Name and Official position of Government official	Contributions made: (List all which aggregate to \$250 or more)	Date Contribution was Made: (in the last two years)

If necessary, attach additional sheets to disclose or describe all contributions.

Rezoning and Special Exception Checklist

The following is a checklist of information required for submission of a Rezoning application. The Planning and Development Department on behalf of the Planning Commission reserves the right to reject any incomplete applications.

- Pre-Application Meeting**
- Application Form
- Deed (Legal Description)
- Recorded Plat or Recorded Boundary Survey
- (4) Four Site Plans or concept plans 24" x 36" drawn to scale
Requests involving a single family lot must provide an 11" x 17" scale plan
Note: Additional site plan requirements may be deemed necessary
- Letter of Intent (explanation of proposed use)
- Conflict of Interest Certification/ Campaign Contributions
- Application Fee—payable to Augusta Planning and Development Department
- Photographs
- Building Compliance Inspection (if needed)
- Located within local Historic Preservation District (Summerville, Downtown or Olde Town)

Additional Exhibits that may be required (as necessary):

- Traffic Study
- Review Form for Development of Regional Impact

Signature of Staff Member accepting application: _____



If an applicant is submitting a request as (petitioner) and not owner to WITHDRAW an application it is necessary to have agreement/signature of the property owner to WITHDRAW, the application.

___ Withdraw Application

___ Postpone Application

Reason:

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Augusta Municipal Building, Room 260
535 Telfair Street • Augusta, GA
Meeting Time: 3:pm
Pre-meeting begins at 2:00p.