



## **REZONING APPLICATION PACKET**

This package contains all the forms and instructions necessary to apply for a rezoning from the City of Chamblee's Unified Development Ordinance (UDO). As part of filing an application, provide 1 copy of the application forms, 7 copies of rezoning exhibits/drawings, and 1 digital file (PDF).

1. Application for Zoning Map Amendment
2. Owner Permission Affidavit
3. Disclosure of Campaign Contributions & Gifts

See Section 280-5(b), Amendments, of the UDO for a full description of all requirements for filling a rezoning. As required also attach the following to your application:

1. **A pre-application form signed and dated by the Development Director** stating that a pre-application meeting took place pursuant to section 120-10.
2. **A legal description of the tract(s)** that are the subject of the application.
3. An **application fee** established by the City.
4. Other materials reasonably required by the city necessary to the analysis of the application.

As stated in Section 280-5(b)(1)

- "d. No application shall be deemed accepted and filed until all required forms have been completed and all required materials have been submitted, including fees. The date an application is complete and hence accepted and filed shall be noted on the application form by the city manager or his/her designee, and any subsequent deadlines tied to date of application shall begin to run as of said date.
- e. Applicant will be notified by city manager or his/her designee as to the next available regularly scheduled mayor and city council hearing at which said application may be heard."

Please review the attached forms and contact the Development Department to schedule an appointment to begin the process.



# APPLICATION FOR ZONING MAP AMENDMENT

*This page must be completed by the Applicant.*

## APPLICANT

Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

## MAP CHANGE REQUEST

To change Zoning FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**Current** **Requested**

## PROJECT SUMMARY

Name of Project \_\_\_\_\_

Project Description \_\_\_\_\_

Total # of Properties Involved \_\_\_\_\_

Total Project Acreage \_\_\_\_\_

Total # of Buildings \_\_\_\_\_

Total Est. Cost of Planned Improvements \_\_\_\_\_

Detailed Description (*Include Proposed Use(s) and Square Footage of Floor Area for each use*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre-application Form signed and dated by the Development Director attached to this form for this project.

**PROPERTY INFORMATION**

**Property # \_\_\_\_\_ of \_\_\_\_\_**

*The Applicant shall complete one page for each property included. Copy as needed.*

\_\_\_\_\_ Chamblee, GA \_\_\_\_\_  
Property Address/Location Suite/Apt. # Zip Code

\_\_\_\_\_  
Parcel ID / Property Tax Identification Number

\_\_\_\_\_  
Present Use(s) Present Zoning Present Character Area (Future Development Map)

\_\_\_\_\_  
Proposed Use(s) Proposed Zoning Proposed Character Area

Legal description includes:

\_\_\_\_\_  
Subdivision Name Lot # Block #

OR

Indicate here that an exhibit identifying property location is attached.

**PROPERTY OWNER**

\_\_\_\_\_  
Owner (Person, Firm, Corporation, or Agency)

\_\_\_\_\_  
Company

Owner Permission Affidavit attached to this form for this property.

**WRITTEN ANALYSIS**

The below listed standards governing the exercise of the zoning power shall be considered whenever deliberating over any zoning decision, including Rezoning requests. Please provide an explanation to each criterion presented below.

1. The existing uses and zoning of nearby property:

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2. The extent to which property values are diminished by their particular zoning restrictions:

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3. The extent to which the possible reduction of property values of the subject property promotes the health, safety, morals or general welfare of the public:

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4. The relative harm to the public as compared to the hardship imposed upon the individual property owner:

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5. The suitability of the subject property for the zoning proposed:

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6. The length of time the property has been vacant as zoned, considered in the context of land development in the area in the vicinity of the property:

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7. Whether the zoning proposal will permit a use that is suitable in view of the use and development of adjacent and nearby property:

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8. Whether the zoning proposal will adversely affect the existing use or usability of adjacent or nearby property:

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9. Whether the property to be affected by the zoning proposal has a reasonable economic use as currently zoned:

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10. Whether the zoning proposal will result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools:

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11. Whether the zoning proposal is in conformity with the policy and intent of the Future Development Map:

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12. Whether there are other existing or changing conditions affecting the use and development of the property which gives supporting grounds for either approval or disapproval of the zoning proposal:

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I hereby certify that all information provided herein and in the accompanying Application is true and correct.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Signature:  Property Owner or  Owner's Agent

**OFFICIAL USE:** Fee: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  CC - Visa/ MC Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby certify that this application is complete and hence has been accepted and filed as of the following date of certification.

\_\_\_\_ Official Application Submittal Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ City Manager or \_\_\_\_\_ his/her Designee (print name) \_\_\_\_\_

The Applicant has been notified that this application is to be reviewed at the next available **Architectural Design Review Board meeting** scheduled for:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Time: \_\_\_\_\_ PM / AM at the following location: \_\_\_\_\_.

The Applicant has been notified that this application is to be heard at the next available **Mayor and City Council hearing** scheduled for:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Time: \_\_\_\_\_ PM / AM at the following location: \_\_\_\_\_.



## Owner Permission Affidavit

Subject Property Street Address: \_\_\_\_\_

Subject Property Tax ID number: 18 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner:

Name (Person, Firm, Corporation, or Agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Agent (If applicable)

Name (Person, Firm, Corporation, or Agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am applying for, or I hereby give authority to the applicant to file an applicant for: \_\_\_\_\_

\_\_\_\_\_

Owner/Agent (if applicable) Signature: \_\_\_\_\_

\_\_\_\_\_

Print name of signer(s)

This instrument was signed before me on this date \_\_\_\_\_

County \_\_\_\_\_ Georgia Notary Signature: \_\_\_\_\_

*Affix seal/stamp as close to signature as possible*



## Disclosure of Campaign Contributions & Gifts

Application filed on \_\_\_\_\_, 20\_\_ for action by the City of Chamblee City Council for zoning action requiring a public hearing on property described as follows:

\_\_\_\_\_

The undersigned below, making application for a zoning action, has complied with O.C.G.A. Section 36-67A-1, et. seq. Conflict of Interest in Zoning Actions, and has submitted or attached the required information on this form.

All individuals, business entities, or other organizations<sup>i</sup> having a property or other interest in said property subject of this application are as follows (attach additional sheets if necessary):

\_\_\_\_\_

Have you as applicant, agent for 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 \$250.00 or more to an elected official of the City of Chamblee?       YES       NO

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

Name and Official Position of Government Official	Dollar amount & description of each contribution	Date of Contribution

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

This instrument was signed before me on this date \_\_\_\_\_

County \_\_\_\_\_ Georgia Notary Signature: \_\_\_\_\_

*Affix seal/stamp as close to signature as possible*

<sup>i</sup> Business entity may be a corporation, partnership, limited partnership, firm, enterprise, franchise, association, trade organization, or trust while other organization means non-profit organization, labor union, lobbyist or other industry or casual representative, church, foundation, club, charitable organization, or educational organization