

REZONING APPLICATION



Gwinnett

Department of Planning & Development
Planning Division

446 West Crogan Street, Suite 300

Lawrenceville, Georgia 30046

(678) 518-6000

ONLY COMPLETE APPLICATIONS ACCEPTED

REZONING CHECKLIST

Please submit this checklist when filing for a Rezoning

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

- Pre-Application Meeting Minutes
- Application Form
- Boundary Survey Including Existing Conditions
- Legal Description
- Site Plan
- Building Elevations
- Letter of Intent
- Standards Governing Exercise of the Zoning Power
- Applicant Certification with Notarized Signature
- Property Owner Certification with Notarized Signature
- Conflict of Interest Certification/Campaign Contributions
- Verification of Paid Property Taxes (Signed by Tax Commissioners Office)
- Application Fee (Fees will be invoiced once the application is deemed complete)

Additional Exhibits (if applicable):

- Traffic Impact Study
- Sewer Capacity Certification
- Public Participation Plan
- Existing Features Site Analysis Plan (OSC)
- Phasing Plan (MU-N, MU-C, MU-R)
- Review Form for Development of Regional Impact

REZONING APPLICATION

AN APPLICATION TO AMEND THE OFFICIAL ZONING MAP OF GWINNETT COUNTY, GA.

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Contact Person: _____ Phone: _____	
Contact's Email: _____	
APPLICANT IS THE:	
<input type="checkbox"/> Owner's Agent <input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser	
Current Zoning District(s): _____ Requested Zoning District: _____	
Parcel Number(s): _____ Acreage: _____	
Property Address(es): _____	
Proposed Development: _____	
Variance(s): _____ Waiver(s): _____	
<p style="text-align: center;">RESIDENTIAL DEVELOPMENT</p> No. of Dwelling Units: _____ Dwelling Unit Sq. Ft.: _____ Density: _____ Floor Area Ratio (LRR, MRR, HRR): _____	<p style="text-align: center;">NON-RESIDENTIAL DEVELOPMENT</p> No. of Buildings: _____ Total Building Sq. Ft.: _____ Floor Area Ratio: _____
MIXED-USE DEVELOPMENT	
No. of Dwelling Units: _____ Dwelling Unit Sq. Ft.: _____	
Total Non-Residential Sq. Ft.: _____ Floor Area Ratio: _____	

STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER

Pursuant to requirements of the United Development Ordinance, the Board of Commissioners finds that the following standards are relevant in balancing the interest in promoting the public health, safety, morality, or general welfare against the right to the unrestricted use of property and shall govern the exercise of the zoning power.

Please respond to the following standards in the space provided or use attachment as necessary:

(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 a proposed rezoning will adversely affect the existing use or usability of adjacent or nearby property:

(C) Whether the property to be affected by a proposed rezoning has reasonable economic use as currently zoned:

(D) Whether the proposed rezoning will result in a use which 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 Unified Plan and Future Development Map:

(F) Whether there are 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:

REZONING APPLICANT'S CERTIFICATION

The undersigned below is authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within six (6) months from the date of last action by the Board of Commissioners.

Signature of Applicant

Date

Type or Print Name and Title

Signature of Notary Public

Date

Notary Seal

REZONING PROPERTY OWNER'S CERTIFICATION

The undersigned below, or as attached, is the owner of the property considered in this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within six (6) months from the date of last action by the Board of Commissioners.

Signature of Property Owner

Date

Type or Print Name and Title

Signature of Notary Public

Date

Notary Seal

VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR REZONING

The undersigned below is authorized to make this application. The undersigned certifies that all Gwinnett County property taxes billed to date for the parcel listed below have been paid in full to the Gwinnett County Tax Commissioner. In no case shall an application or reapplication for rezoning be processed without such property verification.

A SEPARATE VERIFICATION FORM MUST BE COMPLETED FOR EACH TAX PARCEL INCLUDED IN THE REZONING REQUEST.

Parcel I.D. Number: _____
(Map Reference Number)

Signature of Applicant Date

Type or Print Name and Title

PLEASE TAKE THIS FORM TO THE TAX COMMISSIONERS OFFICE AT THE GWINNETT JUSTICE AND ADMINISTRATION CENTER, 75 LANGLEY DRIVE. THIS FORM MUST BE SIGNED BY A REPRESENTATIVE OF THE TAX COMMISSIONER'S OFFICE.

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TAX COMMISSIONERS USE ONLY

Payment of all property taxes billed to date for the above referenced parcel has been verified as paid current and confirmed by the signature below.

Name

Title

Date