



COMPREHENSIVE PLAN AMENDMENT APPLICATION

PROPERTY OWNER'S INFORMATION

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Email: _____

APPLICANT'S CONTACT INFORMATION

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Email: _____

PROPERTY LOCATION

Tax Parcel Number(s): _____ Size in Acres: _____

Address(es): _____

Number of existing structures: _____ Number of parking spaces: _____

PROPOSED USE

Current Zoning: _____ Requested Zoning: _____ Date of Pre-Application Mtg: _____

What Land Use is called for on the Future Development Map? _____

What Future Development Map or Comprehensive Plan Amendment is being requested?

See Page three (3) for application and timing instructions

Please provide the following information:

1. Current and Historical Use of the Property
2. Current Uses of the Adjacent and Surrounding Properties
3. Future Land Use of Adjacent and Surrounding Properties
4. Are there existing structures on site?
5. Detailed description of the proposed use including anticipated physical improvements
6. A statement as to why this plan amendment would be in the best interest of the community at this time.

I have read and understand this application and procedures. I also hereby authorize the Community Development Staff, Planning & Zoning Board and Mayor & Council to inspect the premises that are the subject of this application.

Signature of Applicant

Date

CITY USE ONLY. DO NOT WRITE BELOW

Date received: _____ Receipt Number: _____ Application
Number: _____
Fee Paid: _____ Notes: _____

DEADLINE AND HEARING SCHEDULE

The amendment steps are as follows: 1) applications submitted on the 1st Wednesday of January, 2) the application will be heard before the Planning and Zoning Board on the 1st Wednesday of February and 3) the application will be heard before the Mayor and Council on the 1st Monday of March.

If your request is to be heard out of the cycle described above, you must make a request to the Mayor and Council to approve the acceptance of an out of cycle application. You must submit a letter requesting the consideration of an out of cycle acceptance of the application and prepare a sketch plan and provide detailed written information on the proposed project in your letter as well as detailing the reason for the out of cycle request. Your request will then be placed on the next available policy and voting meeting agenda of the Mayor and Council for consideration. It will be up to a vote of the Mayor and Council to determine if the City will accept the application for the out of cycle request. If the request is approved, the applicant must then complete this application as well as the appropriate zoning application and submit all required documentation and fees as required by the appropriate meeting deadlines before the item is placed on the appropriate agendas for the Planning and Zoning Board and subsequently other agendas for consideration.

(THE PROPERTY OWNER OR APPLICANT'S ATTENDANCE AT EACH PUBLIC HEARING IS STRONGLY ENCOURAGED)

CONFLICT OF INTEREST CERTIFICATION FOR REZONINGS

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 the forms provided.

SIGNATURE OF APPLICANT	DATE	TYPE OR PRINT NAME AND TITLE
SIGNATURE OF APPLICANT'S ATTORNEY OR REPRESENTATIVE	DATE	TYPE OR PRINT NAME AND TITLE

DISCLOSURE OF CAMPAIGN CONTRIBUTION

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a City of Norcross Mayor/Council Member or a Member of the Planning and Zoning Board
 _____ (YES or NO)

YOUR NAME

If the answer is yes, please complete the following section:

NAME AND OFFICIAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (LIST ALL WHICH AGGREGATE TO \$250.00 OR MORE)	DATE CONTRIBUTION WAS MADE (WITHIN THE LAST TWO YEARS)

Attach additional sheets if necessary to disclose or describe all contributions

Date Received _____ Received by _____ Case No _____



Ownership Affidavit & Designation of Agent

I. Ownership.

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: _____

_____ for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: _____

Please complete the appropriate section below:

NOTE: The person signing under section IV Acknowledgement, must be listed below as an officer or partner.

Individual

Corporation/Limited Liability Company (LLC)

Partnership

Government Entity

Provide Names of Officers/Members:

Provide Names of General Partners:

Secretary of State Registration Number: _____

Name/Address of Registered Agent: _____

II. Designation of Owner's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named below to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief. **(Note: Prior to the issuance of a building permit, the owner's agent must be the contractor listed on the permit application.)**

Owner's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

IV. Acknowledgement.

• **Individual**

Signature

Print Name: _____
 Address: _____

 Phone #: _____

• **Government Entity**

 Print Government Name

By: _____
Signature

Print Name: _____
 Title: _____
 Department: _____

• **Corporation/LLC**

 Print Corporation/LLC Name

By: _____
Signature

Print Name: _____
 Its: _____
 Address: _____

 Phone #: _____

• **Partnership**

 Print Partnership Name

By: _____
Signature

Print Name: _____
 Its: _____
 Address: _____

 Phone #: _____

NOTARY INFORMATION (Please use appropriate block.)

STATE OF GEORGIA
 COUNTY OF _____

• **Individual**

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

• **Government Entity**

Before me, this _____ day of _____, 20____, personally appeared _____ as _____ and on behalf of _____, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

• **Corporation/LLC**

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation/LLC**, on behalf of the corporation/LLC, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

• **Partnership**

Before me, this _____ day Of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

NOTARY STAMP:

Signature of Notary

My commission expires: _____

Print Notary Name

Identification Method: _____ Personally known.
 _____ Produced I.D. – Type: _____