

CITY OF ARNOLDSVILLE
P.O. BOX 2
ARNOLDSVILLE, GA 30619
(706) 742-5036 (VOICEMAIL)
cityofarnoldsville@gmail.com

**REQUEST FOR AMENDMENT OF ZONING CODE
AND/OR
LAND USE/ZONING MAP**

APPLICATION FOR REVIEW

FEE: \$250 per AMENDMENT/CHANGE request
(Cash/check only – make check payable to City of Arnoldsville)

TYPE OF REQUEST:
(CHECK ALL APPLICABLE BOXES)

Date: _____

- AMENDMENT OF ZONING MAP
- AMENDMENT OF ZONING CODE TEXT
- OTHER

****Note:** Different variance application forms are required for other types of requests.
STOP here and locate the correct form if needed.

Date of PRE-APPLICATION Conference with Land-Use Officer : _____

PROPERTY OWNER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE/CELL/FAX: _____
EMAIL: _____

If the person submitting the request is not the property owner but is acting as the agent for the request, please fill out the following information and submit the attached Authorization by Property

AUTHORIZED AGENT: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE/CELL/FAX: _____
EMAIL: _____

PROPERTY INFORMATION

PROPERTY ADDRESS:

COUNTY TAX PARCEL NUMBER:

NEAREST ROAD INTERSECTION:

PROPERTY'S DESCRIPTION
FROM INTERSECTION:

CURRENT ZONING:

CURRENT USE:

PROPOSED USE:

ACREAGE:

SEWAGE:

WATER:

WHEN WAS PROPERTY
PURCHASED?

**A LEGAL DESCRIPTION OF THE PROPERTY MUST BE
ATTACHED TO THIS APPLICATION IF REQUESTING A
CHANGE TO THE ZONING MAP**

**ARE YOU REQUESTING A CHANGE TO THE TEXT OF A CURRENT ZONING
ORDINANCE? ___ YES ___ NO**

**IF YOU ARE REQUESTING A CHANGE TO THE TEXT OF A CURRENT ZONING
ORDINANCE :**

A) PLEASE STATE THE CURRENT ORDINANCE SECTION IF APPLICABLE

B) PLEASE STATE IN DETAIL THE PROPOSED CHANGE TO THE ZONING TEXT

(Additional sheets may be attached if needed)

ARE YOU REQUESTING A CHANGE TO THE T CURRENT ZONING MAP?
 YES **NO**

**IF YOU ARE REQUESTING A CHANGE TO THE CURRENT ZONING MAP :
PLEASE PROVIDE THE FOLLOWING:**

- A) LEGAL DESCRIPTION OF THE PROPERTY;**
 - B) A SURVEY/PLAT OF THE PROPERTY;**
 - C) A LETTER OF INTENT DESCRIBING THE INTENDED USE OF THE PROPERTY;**
-

DECLARATION OF OWNERSHIP

Applications for a variance to the terms and literal enforcement of the Zoning & Land Use Ordinances & regulations must be filed by anyone with at least fifty-one (51) percent interest in the ownership of, or an accepted contract to purchase on, the affected property.

Applications for amendments to the text of the Zoning & Land Use Ordinances Code and changes to the zoning map must be filed by anyone with at least fifty-one (51) percent interest in the ownership of, or an accepted contract to purchase on, the affected property.

Appeals to the Appeals Board alleging an error in any interpretation or decision in the enforcement of the Ordinance may be filed by anyone personally aggrieved by the action; including the owner (51% interest) of the affected property or property adjacent to the affected parcel; or by any officer or department of the City affected by the decision.

Signing the space below implies fifty-one (51) percent ownership and assumes all rights and responsibilities associated with this appeals request.

I swear that I am the owner of the property located at (Property Address):

Which is the subject matter of the attached application, as shown in the records of Oglethorpe County, Georgia.

Owner's Name: _____

Address: _____

City, State, Zip: _____

Telephone #/Cell: _____

Fax Number: _____

E-Mail Address: _____

Signature of Owner: _____

Date: _____

Each owner must sign a copy of this page, if there is more than one owner involved.

SUBMISSION OF MATERIALS:

All applications and materials for ZONING CODE text amendments and Zoning Map Amendments must be submitted to the Land Use Officer's staff. Complete applications must be submitted before a hearing may be set.

A complete application must contain the following:

- 1) Four (4) completed, collated, and signed copies of this application;

- 2) One (1) electronic copy of this application on a USB drive in .pdf format or emailed in .pdf format;
- 3) Filing fee (see fee schedule): and
- 4) Power of Attorney from property owner designating a specific individual to handle the request, if applicable;

**AGENT'S
AUTHORIZATION BY PROPERTY OWNER
FOR ZONING & DEVELOPMENTAL STANDARDS VARIANCE**

I swear that I am the owner of the property located at (Property Address):

which is the subject matter of the attached application, as shown in the records of Oglethorpe County, Georgia.

I authorize the person named below to act as applicant or agent in the pursuit of the variance for this property.

Name of Applicant

Or Agent:

Address:

City, State, Zip:

Telephone #/Cell:

Fax Number:

E-Mail Address:

Signature of Owner:

Date: _____

(Providing the following information is optional for text amendments to the Ordinance or changes to the Zoning map. Said information will assist the Planning Board and/or City Council in reaching a decision concerning your request particularly question 4).

1. Describe the extraordinary and exceptional conditions pertaining to this particular piece of property in question because of its size, shape, character, or topography that do not apply generally to other land in the vicinity:

2. Explain how the strict application of the provisions of this title to this particular piece of property would create an undue and unnecessary hardship so that the grant of the variance is necessary for the preservation and enjoyment of a property right and not merely to serve as a convenience to the applicant:

3. Describe how the special conditions and circumstances do not result from the actions of the applicant:

