

ROCKDALE COUNTY
DEPARTMENT OF PLANNING & DEVELOPMENT



**CONDITIONAL USE PERMIT
AND
CHANGE-IN-CONDITIONS
APPLICATION**

UNIFIED DEVELOPMENT ORDINANCE
DEPARTMENT OF PLANNING AND DEVELOPMENT

1117 West Avenue NW
Conyers, Georgia 30012

Phone: 770-278-7100
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www.rockdalecounty.org

ROCKDALE COUNTY CONDITIONAL USE PERMIT AND CHANGE IN CONDITIONS APPLICATION CHECKLIST

FILING DEADLINE:

Deadline is the First Friday of Each Month, Before 4:00pm.

Fees may be paid by check or card. We do not accept American Express or cash.

The filing fee is based upon the number of properties, the acreage of each property, and the requested zoning district.

REQUIRED ITEMS FOR REZONING:

Revisions made to the applications after the submittal deadline and prior to the Planning Commission and Board of Commissioners Public Hearings may be continued to the following month's hearing.

Pre-Application Conference: Date attended and with which staff member

Completed Application: Provide one PDF copy to planningandzoning@rockdalecountyga.gov and one hard copy of the entire submittal packet.

Letter of Intent: In your own words, type the reason you believe the zoning of the subject property should be amended.

Proof of Ownership: Deed recorded with Rockdale County Clerk of Courts. A copy of the deed of the property or properties may be obtained at the Rockdale County Courthouse in the Real Estate Records Room on the 1st floor.

Plat: Plat recorded with Rockdale County Clerk of Courts or referenced by the Deed, if not recorded. A copy of the existing survey plat of the property or properties may be obtained at the Rockdale County Courthouse in the Real Estate Records Room on the 1st floor. However, one complete boundary survey is required for projects with more than one property.

OR

Survey: Survey should be signed and sealed by an architect, engineer, landscape architect or land surveyor.

Legal Description of the Property: This written description, found on the property deed, containing the metes & bounds of the property or properties. However, the legal description must be provided in Word with this application.

Site Plan: Drawn to scale, showing all existing property improvements, and all proposed improvements.

The Conceptual Plan may include any additional graphics which will explain the features of the development, but shall include the following:

- A written description of the details of the proposed use and development details;
- A vicinity map showing the use and zoning of all surrounding properties;
- Proposed setbacks and transitional buffers;
- Proposed open or recreational spaces, if any;
- Proposed lot sizes, buildings, fences and walls, dumpsters, and other improvements;
- Proposed stormwater management facilities, subject to the approval of the Rockdale County Stormwater Department;
- Proposed location and capacities of public and private utilities, subject to the approval of the Rockdale County Environmental Health Department or Rockdale County Water Resources;
- Lakes, streams, floodplains, wetlands, and associated buffers;
- Proposed public improvements including sidewalks, street trees, and right-of-way dedications;
- Existing and proposed easements;
- Impact on school enrollment and transportation facilities;
- Impact on existing water, sewer, and stormwater facilities;
- Any additional information as may be requested by the Department.

- Traffic Study (if required)
- Development of Regional Impact Review Form (DRI) per UDO Sec. 238-5 (if required)

Applications that do not provide documentation or required materials will be noted as incomplete and may result in delays in Staff's review of the application. The Planning Commission and Board of Commissioners reserve the right to require additional information if they believe that the submission of such information is necessary to understand the nature of the intended activity.

Current and Proposed FLU Category and Zoning District for Each Property (If Applicable)

Address	Tax Parcel No.	Acreage	Current FLU	Proposed FLU	Current Zoning	Proposed Zoning

FILING FEE SCHEDULE

CONDITIONAL USE PERMIT AND CHANGE IN CONDITIONS

Acres	Fee per Property	Tax Parcel Numbers.	No. of Properties	Fee Amount (Fee x #)
<input type="checkbox"/> 0-4.99 acres	\$400			\$
<input type="checkbox"/> 5-9.99 acres	\$500			\$
<input type="checkbox"/> 10-19.99 acres	\$700			\$
<input type="checkbox"/> 20 acres and more	\$900			\$

TOTAL: \$

PROPERTY INFORMATION

Property Address(es):		Tax Parcel Number(s):	
Number of Properties:	Land Lot/District(s):	Subdivision:	Total Acreage:
Current Zoning:	Proposed Zoning:	Current FLU:	Proposed FLU:
Current Use:		Proposed Use:	

DEVELOPMENT INFORMATION

Type of Development: (check one)	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mixed Use
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Mixed Residential Uses	<input type="checkbox"/> Multi-Family Residential
If Use Contains a Residential Component:	Number of Units:	Acreage:	Residential Density (Lots/Units per Acre):
If Use Contains a Commercial Component:	Total Building Area Proposed:		Number of Parking Spaces:
Does the development qualify for a Development Regional Impact (DRI)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S INFORMATION

Applicant:			Authorized Agent / Attorney:		
Business / Person Name:			Business / Person Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:			Email:		

PROPERTY OWNER'S INFORMATION

Owner 1:			Owner 2:		
Business / Person Name:			Business / Person Name:		
Owner of Tax Parcel #(s):			Owner of Tax Parcel #(s):		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:			Email:		
Owner 3:			Owner 4:		
Business / Person Name:			Business / Person Name:		
Owner of Tax Parcel #(s):			Owner of Tax Parcel #(s):		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:			Email:		

CONDITIONAL USE PERMIT CRITERIA TO BE APPLIED

In your own words, type the reason you believe the zoning of the subject property should be amended. Please address the following:

1. Whether or not the proposed plan is consistent with all of the requirements of the zoning district in which the use is proposed to be located, including required parking, loading, setbacks, and transitional buffers.
2. Compatibility of the proposed use with land uses on adjacent properties and other properties within the same zoning district, including the compatibility of the size, scale, and massing of proposed buildings in relation to the size, scale, and massing of adjacent and nearby lots and buildings.
3. Adequacy of the ingress and egress to the subject property, and to all proposed buildings, structures, and uses thereon, including the traffic impact of the proposed use on the capacity and safety of public streets providing access to the subject site.
4. Consistency with the county's wastewater treatment system, including the feasibility and impacts of serving the property with public wastewater treatment service and, if an alternative wastewater treatment method is proposed, whether such wastewater treatment method will have a detrimental impact on the environment.

CONDITIONAL USE PERMIT CRITERIA TO BE APPLIED

In your own words, type the reason you believe the zoning of the subject property should be amended. Please address the following:

5. Adequacy of other public facilities and services, including stormwater management, schools, parks, sidewalks, and utilities, to serve the proposed use.

6. Whether or not the proposed use will create adverse impacts upon any adjacent or nearby properties by reason of noise, smoke, odor, dust, or vibration, or by the character and volume of traffic generated by the proposed use.

7. Whether or not the proposed use will create adverse impacts upon any adjoining land use by reason of the manner of operation or the hours of operation of the proposed use.

8. Whether or not the proposed use will create adverse impacts upon any environmentally sensitive areas or natural resources.

SUPPLEMENTAL USE STANDARDS (STANDARDS OF USE AND DEVELOPMENT)

This page is only required for zoning use classifications that have supplemental use standards in UDO Sec. 218-13.

a. List the supplemental use standards:

b. List the supplemental use standards that the property complies with:

c. List the supplemental use standards that the property does not comply with:

ALTERATIONS TO OR REPEAL OF THE CONDITIONS OF APPROVAL

This page is only required for existing Conditions of Approval that were imposed with the adoption of the original Conditional Use Permit. If Conditions of Approval exist for the Future Land Use Map (Comprehensive Plan) or Rezoning (Zoning Map Amendment) that need to be changed, separate application(s) are required.

a. List the existing conditions of approval:

b. List the existing conditions of approval that are proposed to be altered and/or repealed:

c. Provide justification for the proposal:

AGENT/ATTORNEY AUTHORIZATION STATEMENT

To be completed by the Agent or Attorney of the subject property or properties as it appears on the Rockdale County tax records if they wish to have an agent represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

AGENT/ATTORNEY AUTHORIZATION STATEMENT

I, _____,
hereby certify that I have authorized the following agent to make the request, claims and representation pursuing this application regarding Tax Parcel #s.:

Agent/Attorney Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

SIGNATURE

Wait to be in front of notary to sign:	_____ Agent/Attorney Signature)	_____ Agent/Attorney Name - Printed)
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NOTARY

The secure and verifiable documents provided with this affidavit can best be classified as:	_____ (Type of document)
---	-----------------------------

Executed in _____, _____, _____, this _____ day of _____, 20____
(City) (County) (State) (Day) (Month) (Year)

Notary Public signature	SEAL
GA Registration No. and expiration date	

OWNER AUTHORIZATION STATEMENT

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records if they wish to have an agent represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

OWNER AUTHORIZATION STATEMENT

I, _____,
hereby certify that I have authorized the following agent to make the request, claims and representation pursuing this application regarding Tax Parcel #s.:

Owner's Name:	Address:	City:	State:	Zip:
Business:	Phone #'s:	Email:		

SIGNATURE

Wait to be in front of notary to sign:	_____ Owner's Signature)	_____ Owner's Name - Printed)
--	-----------------------------	----------------------------------

NOTARY

The secure and verifiable documents provided with this affidavit can best be classified as:	_____ (Type of document)
---	-----------------------------

Executed in _____, _____, _____, this _____ day of _____, 20____
(City) (County) (State) (Day) (Month) (Year)

Notary Public signature	SEAL
GA Registration No. and expiration date	

OWNER'S CAMPAIGN DISCLOSURE STATEMENT

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records. Husband and wife or other individuals shall each sign individually. Make copies if needed.

OWNER'S CAMPAIGN DISCLOSURE STATEMENT

- No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.
- Yes, I have made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.

If yes, notate to whom the campaign contribution was made during the two years immediately preceding the filing of the application, the dollar amount, description of each contribution, and the date each contribution below and continue on a separate sheet if necessary, in the following format:

Rockdale County Board of Commissioners

Name	Position	Amount	Description	Date
JaNice Van Ness	Chair & CEO			
Tuwanya C. Smith	Post I Commissioner			
Doreen Williams, PhD	Post II Commissioner			

Conyers-Rockdale Planning Commission

Name	Position	Amount	Description	Date
Tom Harrison	PC Chairman, City			
Tamekia White	Vice-chair, City			
Al Ford	City			
Ernestine Stovall-Goolsby	County			
Mark Jacobs II	County			
Phyllis Hatcher	County			
Angela Engram	County			

_____, the undersigned also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:

(Owner's Signature)

(Owner's Name - Printed)

NOTARY

The secure and verifiable document provided with this affidavit can best be classified as:

(Type of document)

Executed in _____, _____, _____, this _____ day of _____, 20____
(City) (County) (State) (Day) (Month) (Year)

Notary Public signature

SEAL

GA Registration No. and expiration date

Owner s Campaign Contribution Disclosure Statement: If the property is listed in the name of more than one individual or entity, each owner must sign all documents. Property owner(s) signature(s) must be notarized. If the property has been sold within the last 90 days, a copy of the deed with the new owner(s) name(s) is required. Ownership of property will be verified by staff. The owner(s) of the property is required to disclose political campaign contributions. Disclosures must be notarized.

AGENT'S/ATTORNEY'S CAMPAIGN DISCLOSURE STATEMENT

To be completed by the agent and the attorney. If both are involved, each shall sign individually. Make copies if needed.

AGENT'S/ATTORNEY'S CAMPAIGN DISCLOSURE STATEMENT

- No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to any local government official of Rockdale County, Georgia listed below.
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Tamekia White	Vice-chair, City			
Al Ford	City			
Ernestine Stovall-Goolsby	County			
Mark Jacobs II	County			
Phyllis Hatcher	County			
Angela Engram	County			

SIGNATURE

Wait to be in front of notary to sign: _____
(Agent's/Attorney's Signature)
(Agent's/Attorney's Name - Printed)

NOTARY

The secure and verifiable documents provided with this affidavit can best be classified as: _____
(Type of document)

Executed in _____, _____, _____, this _____ day of _____, 20____
(City)
(County)
(State)
(Day)
(Month)
(Year)

	SEAL
Notary Public signature	
GA Registration No. and expiration date	

Agent/Attorney Campaign Disclosure Statement: If the owner of the property wishes to have an attorney represent his/her interest in all matters relating to this application, the notarized signatures of the current owner(s) and attorney are required. Attorneys are required to disclose political campaign contributions. Disclosures must be notarized.