



City of Bloomingdale
8 West Highway 80
P.O. Box 216
Bloomingdale, Ga. 31302
Phone: (912) 748-0970
Fax: (912) 748-1005

<i>For staff use only</i>	
Petition Number _____	
Date Submitted _____	
Action by Planning Commission:	_____
Date of Action by Planning Commission _____	
Action by Council _____	
Date of Action by Council _____	

REZONING CHECKLIST AND APPLICATION

Please type or print legibly. If necessary, attach additional sheets to fully answer any of the following sections. This form, along with application, application fee and required documents must be submitted at least twenty (20) days prior to the regularly scheduled meeting of the Planning Commission.

Petitioner should refer to the City of Bloomingdale’s Code of Ordinances, Zoning Appendix, to understand and adhere to all requirements. This document is for application purposes only and does not replace any procedures set forth in the Code of Ordinances.

Please complete the following checklist to verify all required items are included. Incomplete applications will not be accepted.

Yes	No	NA	
			Completed application form
			Legal description of property or metes and bounds description (Attach a boundary survey, recorded or proposed plat, tax map, or scaled plot plan to identify the property boundary lines. Survey, plat, or map must show nearest public rights-of-way)
			Map of adjacent properties and zoning
			Non-refundable filing fee, payable to City of Bloomingdale \$250.00
			If the petitioner is not the property owner, a signed, notarized statement from the owner authorizing the petitioner/agent to act on his or her behalf is required
			Site plan, if applicable
			Disclosure of Campaign Contributions, if applicable

Development of Regional Impact:

If the project is a Development of Regional Impact (DRI), the project must first be reviewed by the State of Georgia before a rezoning petition can be reviewed by the City of Bloomingdale. See [http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/regional impact.asp](http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/regional%20impact.asp) for more information.

REZONING APPLICATION FORM

I. General Information

Petitioner/ Applicant: *(Note: A signed notarized statement of authorization from the property owner is required if the petitioner is not the property owner.)*

Name: _____

Address: _____

Telephone: _____ Cell _____

Email _____

Property Owner: *(If same as petitioner, write "same")*

Name: _____

Address: _____

Telephone: _____ Cell _____

Email _____

II. Property Description

Address: Legal address or general street location (nearest street intersections)

Legal Description: Name of subdivision, block, lot number, etc; or if none, by metes & bounds:

Property Tax ID #: _____

Total Area of Property: _____

If the property is contiguous to property with a more restrictive zoning classification or abutting or fronting onto an arterial or collector street, then a site plan is also required at the time of rezoning.

III. Action Requested

Action Requested: _____Rezoning (Map amendment) _____Variance
_____Recombination Plat _____Conditional Use
_____Board of Zoning of Appeals Petition Fee
_____Application Fee for Planned Unit/Industrial Development

Previous Applications: Have any previous applications been made for a text or map amendment
Affecting this same property or properties?
Yes ___ No___

If yes, give application number: _____
Date:_____ Action taken: _____

If exact application number, date, or action is not known, provide the
approximate date of previous application:_____

Zoning Classification: Present zoning:_____ Requested zoning:_____

Existing Land Use: Specify such as single family residence, grocery store, vacant land, etc.:

Proposed Land Use: Specify such as single family residence, grocery store, vacant land, etc.:

Justification: List reasons for requesting the change(s); attach pages, if needed.

IV. Other Information

Adjacent Property Owners:

Provide a list of the names and mailing addresses of all adjacent property owners of the subject
property. (Use separate sheet if necessary)

Name: _____ Mailing Address: _____

I have received and understand the checklist of actions needed to amend the Bloomingdale Zoning Ordinance/Zoning
Map. It is understood by the undersigned that while this application will be carefully reviewed and considered, the
burden of providing the need for the proposed amendment rest with the applicant.

Owner _____
Signature

Agent _____
Signature

Disclosure of Campaign Contributions:

The Conflict of Interest in Zoning Actions Act (O.C.G.A. Chapter 67A) requires that an applicant for a zoning action must disclose campaign contributions in the amounts of \$250 or more that have been made to local government officials who will consider the application. A local government official includes the Mayor and members of the City Council and the Planning Commission. Agents, including attorneys, who may represent the applicant, must also disclose such campaign contributions. If this Act is applicable, it shall be the duty of the applicant to file a disclosure report with the City of Bloomingdale Clerk of Council showing the following:

- 1) The name and official position of the local government official to whom the campaign contribution was made; and
- 2) The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for zoning action and the date of each such contribution.

This disclosure shall be filed within ten (10) days after the application for action is first filed.

Signature

Approval of an application for rezoning or variance by the City of Bloomingdale does not constitute a waiver from any applicable local, state or federal regulations.

I hereby certify that the above stated facts are true to the best of my knowledge and belief and that I am the owner or authorized agent for the owner of the subject property.

Sworn to and subscribed before me
on this ____ day of _____
_____.

Owner's signature or Authorized Agent

Notary Public

Printed Name

