



## PUBLIC HEARING APPLICATION

### REZONING, SPECIAL USE PERMIT, OR CHANGE IN CONDITIONS

A properly completed application and fees are due at the time of submittal. **An incomplete application will not be accepted.** Original signatures are required for the Application.

REQUIRED ITEMS	NUMBER OF COPIES	REQUIRED	PROVIDED
Completed Application Form	<ul style="list-style-type: none"> <li>• 1 original</li> </ul>		
Boundary Survey with Legal Description	<ul style="list-style-type: none"> <li>• 1 full size copy</li> <li>• 1- 8-1/2" x 11" or 11" x 17" reduction</li> </ul>		
Site Plan	<ul style="list-style-type: none"> <li>• 1 full size Copy</li> <li>• 1- 8-1/2" x 11" or 11" x 17" reduction</li> </ul>		
Letter of Intent	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Applicant Certification with Notarized Signature	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Property Owner Certification with Notarized Signature	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Standards Governing Exercise of the Zoning Power	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Disclosure Report Form (Conflict of Interest Certification/Campaign Contributions)	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Verification of Paid Property Taxes (most recent year)	<ul style="list-style-type: none"> <li>• One (1) Copy (per tax parcel)</li> </ul>		
Electronic copy of complete package	<ul style="list-style-type: none"> <li>• One (1) copy</li> </ul>		
Application Fee	<ul style="list-style-type: none"> <li>• Make checks payable to the City of Peachtree Corners</li> </ul>		
<b>ADDITIONAL EXHIBITS (IF REQUIRED)</b>			
Additional site plan requirements for R-TH, R-ZT, Modified, CSO, OBP, MUD or MUO rezoning requests	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Traffic Study	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Development of Regional Impact Review Form	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		
Community Information Meeting Certification	<ul style="list-style-type: none"> <li>• 1 copy</li> </ul>		

**REZONING, SPECIAL USE PERMIT, OR CHANGE IN CONDITIONS APPLICATION**

AN APPLICATION TO AMEND THE OFFICIAL ZONING MAP OF THE CITY OF PEACHTREE CORNERS, GEORGIA

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
PHONE: _____	PHONE: _____
E-MAIL: _____	E-MAIL: _____

  

APPLICANT CONTACT, IF DIFFERENT THAN ABOVE
CONTACT PERSON: _____ PHONE: _____
CONTACT'S E-MAIL: _____

**APPLICANT IS THE:**

OWNER'S AGENT      PROPERTY OWNER      CONTRACT PURCHASER

PRESENT ZONING DISTRICTS(S): \_\_\_\_\_ REQUESTED ZONING DISTRICT: \_\_\_\_\_

LAND DISTRICT(S): \_\_\_\_\_ LAND LOT(S): \_\_\_\_\_ ACREAGE: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

PROPOSED DEVELOPMENT: \_\_\_\_\_

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*Staff Use Only This Section*

Case Number: \_\_\_\_\_ Hearing Date: P/C \_\_\_\_\_ C/C \_\_\_\_\_ Received Date: \_\_\_\_\_

Fees Paid: \_\_\_\_\_ By: \_\_\_\_\_

**Related Cases & Applicable Conditions:**

\_\_\_\_\_  
**Description:**

**RESIDENTIAL DEVELOPMENT**

**NON-RESIDENTIAL DEVELOPMENT**

No. of Lots/Dwelling Units \_\_\_\_\_

No. of Buildings/Lots: \_\_\_\_\_

Dwelling Unit Size (Sq. Ft.): \_\_\_\_\_

Total Bldg. Sq. Ft.: \_\_\_\_\_

Gross Density: \_\_\_\_\_

**FEE SCHEDULE**

**1. Rezoning, Change-in-Conditions and Special Use Permit Fees – Residential Zoning Districts**

(note: a Special Use Permit related to a rezoning case shall not incur an additional fee)

A. For the following single-family residential zoning districts: RA-200, R-140, R-LL, R-I00, R-75, RL, MHS.

- 0 - 5 Acres = \$ 500
- > 5 - 10 Acres = \$ 1,000
- > 10 - 20 Acres = \$ 1,500
- > 20 - 100 Acres = \$ 2,000
- > 100 - Acres = \$ 2,500 plus \$40 for each additional acre over 100
- Maximum Fee: \$10,000

B. For the following single and multifamily residential zoning districts: R-TH, RMD, RM-6, RM-8, RM-I0, RM-13, R-SR, MH, R-60, R-ZT, R-75 MODIFIED or CSO, and R-100 MODIFIED or CSO.

- 0 - 5 Acres = \$ 850
- > 5 - 10 Acres = \$1,600
- > 10 - 20 Acres = \$2,100
- > 20 - 100 Acres = \$2,600
- > 100 - Acres = \$3,200 plus \$40 for each additional acre over 100

**2. Rezoning, Change-in-Conditions and Special Use Permit Fees - Non-Residential Zoning Districts**

(note: a Special Use Permit related to a rezoning case shall not incur an additional fee)

For the following office, commercial and industrial zoning districts: C-I, C-2, C-3, O-I, OBP, M-I, M-2, HS, NS.

- 0 - 5 Acres = \$ 850
- > 5 - 10 Acres = \$1,600
- > 10 - 20 Acres = \$2,100
- > 20 - 100 Acres = \$2,600
- > 100 - Acres = \$3,200 plus \$50 for each additional acre over 100

**3. Mixed-Use (MUD and MUO) or High Rise Residential (HRR)**

Application Fee – \$1,200 plus \$75 per acre (maximum fee - \$10,000)

- 4. Chattahoochee Corridor Review (involving a public hearing) - \$150.
- 5. Buffer Reduction (Greater than 50%) Application Fee - \$500.
- 6. Zoning Certification Letter - \$100 (per non-contiguous parcel).

**APPLICANT'S CERTIFICATION**

The undersigned below states under oath that they are authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within 12 months from the date of last action by the city council unless waived by the city council. In no case shall an application or reapplication be acted upon in less than six (6) months from the date of last action by the city council.

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Signature of Applicant

Date

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Type or Print Name and Title

---

Signature of Notary Public

Date

Notary Seal

**PROPERTY OWNER'S CERTIFICATION**

The undersigned below states under oath that they are authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within 12 months from the date of last action by the city council unless waived by the city council. In no case shall an application or reapplication be acted upon in less than six (6) months from the date of last action by the city council. As the property owner, I authorize the above noted applicant to act on my behalf with regard to this application.

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Signature of Property Owner

Date

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Type or Print Name and Title

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Signature of Notary Public

Date

Notary Seal

**APPLICANT'S RESPONSE**  
**STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER**

Pursuant to section 1702 of the 2012 zoning resolution, the city council 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 AN ATTACHMENT AS NECESSARY:

- A. Will this proposed rezoning, special use permit, or change in conditions permit a use that is suitable in view of the use and development of adjacent and nearby property?
  
  
  
  
  
  
  
- B. Will this proposed rezoning, special use permit, or change in conditions will adversely affect the existing use or usability of adjacent or nearby property?
  
  
  
  
  
  
  
- C. Does the property to be affected by a proposed rezoning, special use permit, or change in conditions have reasonable economic use as currently zoned?
  
  
  
  
  
  
  
- D. Will the proposed rezoning, special use permit, or change in conditions will result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools?
  
  
  
  
  
  
  
- E. Will the proposed rezoning, special use permit, or change in conditions is in conformity with the policy and intent of the land use plan?
  
  
  
  
  
  
  
- F. Are 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, special use permit, or change in conditions?

**DISCLOSURE REPORT FORM**  
**CONFLICT OF INTEREST CERTIFICATION/CAMPAIGN CONTRIBUTIONS**

WITHIN THE (2) YEARS IMMEDIATELY PRECEDING THE FILING OF THIS ZONING PETITION HAVE YOU, AS THE APPLICANT FOR THE REZONING, SPECIAL USE PERMIT, OR CHANGE IN CONDITIONS PETITION, OR AN ATTORNEY OR AGENT OF THE APPLICANT FOR THE REZONING, SPECIAL USE PERMIT, OR CHANGE IN CONDITIONS PETITION, MADE ANY CAMPAIGN CONTRIBUTIONS AGGREGATING \$250.00 OR MORE OR MADE GIFTS HAVING AN AGGREGATE VALUE OF \$250.00 TO THE MAYOR OR ANY MEMBER OF THE CITY COUNCIL?

CHECK ONE:                      YES                      NO  
 (If yes, please complete the "Campaign Contributions" section below)

\_\_\_\_\_ Print Name

1. CAMPAIGN CONTRIBUTIONS

Name of Government Official	Total Dollar Amount	Date of Contribution	Enumeration and Description of Gift Valued at \$250.00 or more

2. THE UNDERSIGNED ACKNOWLEDGES THAT THIS DISCLOSURE IS MADE IN ACCORDANCE WITH THE OFFICIAL CODE OF GEORGIA, SECTION 36-67A-1 ET. SEQ. CONFLICT OF INTEREST IN ZONING ACTIONS, AND THAT THE INFORMATION SET FORTH HEREIN IS TRUE TO THE UNDERSIGNED'S BEST KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
 Signature of Applicant                                      Date                                      Type or Print Name and Title

\_\_\_\_\_  
 Signature of Applicant's Attorney or Representative                                      Date                                      Type or Print Name and Title

\_\_\_\_\_  
 Signature of Notary                                      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 CITY OF PEACHTREE CORNERS PROPERTY TAXES BILLED TO DATE FOR THE PARCEL LISTED BELOW HAVE BEEN PAID IN FULL TO THE TAX COMMISSIONER OF GWINNETT COUNTY, GEORGIA. IN NO CASE SHALL A PUBLIC HEARING APPLICATION 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) District Land Lot Parcel

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Type or Print Name and Title

*Tax Commissioners Use Only*

(PAYMENT OF ALL PROPERTY TAXES BILLED TO DATE FOR THE ABOVE REFERENCED PARCEL HAVE BEEN VERIFIED AS PAID CURRENT AND CONFIRMED BY THE SIGNATURE BELOW)

\_\_\_\_\_  
NAME TITLE

\_\_\_\_\_  
DATE