



CITY OF LOGANVILLE  
 Department of Planning & Development  
 P.O. Box 39 • 4303 Lawrenceville Road  
 Loganville, GA 30052  
 770.466.2633 • 770.466.3240 • Fax 770.554.5556

Date: \_\_\_\_\_

Application # **R** \_\_\_\_\_

**REQUEST FOR ZONING MAP AMENDMENT**

A PETITION TO AMMEND THE OFFICIAL ZONING MAP OF THE CITY OF LOGANVILLE, GEORGIA

<i>APPLICANT INFORMATION</i>	<i>PROPERTY OWNER INFORMATION*</i>
<b>NAME:</b> _____ <b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>Zip:</b> _____ <b>PHONE:</b> _____	<b>NAME:</b> _____ <b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>Zip:</b> _____ <b>PHONE:</b> _____ (*attach additional pages if necessary to list all owners)
<b>Applicant is:</b> <input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Agent <input type="checkbox"/> Attorney	
<b>CONTACT PERSON:</b> _____ <b>PHONE:</b> _____ <b>EMAIL:</b> _____ <b>FAX:</b> _____	
<i>PROPERTY INFORMATION</i>	
<b>MAP &amp; PARCEL #</b> _____ <b>PRESENT ZONING:</b> _____ <b>REQUESTED ZONING:</b> _____ <b>ADDRESS:</b> _____ <b>COUNTY:</b> _____ <b>ACREAGE:</b> _____ <b>PROPOSED DEVELOPMENT:</b> _____	

**You must attach:**    Application Fee    Legal Description    Plat of Property    Campaign Contribution Disclosure  
 Letter of Intent    Site Plan    Names/Addresses of Abutting Property Owners    Impact Analysis

**Pre-Application Conference Date:** \_\_\_\_\_

**Accepted by Planning & Development:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **FEE PAID: \$500.00**

**CHECK #** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_ **TAKEN BY:** \_\_\_\_\_ **DATE OF LEGAL NOTICE :** \_\_\_\_\_ **NEWSPAPER: THE WALTON TRIBUNE**

**PLANNING COMMISSION RECOMMENDATION:**    Approve    Approve w/conditions    Deny    No Recommendation

**Commission Chairman:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CITY COUNCIL ACTION:**    Approved    Approved w/conditions    Denied    Tabled to \_\_\_\_\_  
 Referred Back to Planning Commission    Withdrawn

\_\_\_\_\_  
 Mayor

\_\_\_\_\_  
 City Clerk

\_\_\_\_\_  
 Date

**Applicant's Certification**

The undersigned hereby certifies that they are authorized by the property owner(s) to make this application and that all information contained herein is complete and accurate, to the best of their knowledge.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Print Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal) \_\_\_\_\_  
Signature of Notary Public

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**Property Owner's Certification**  
(complete a separate form for each owner)

The undersigned hereby certifies that they are: (check all that apply)

- a) \_\_\_\_\_ the owner of record of property contained in this application, and/or
- b) \_\_\_\_\_ the Chief Executive of a corporation or other business entity with ownership interest in the property and is duly authorized to make this application, and

that all information contained in this application is complete and accurate to the best of their knowledge.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Print Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal) \_\_\_\_\_  
Signature of Notary Public

**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

The undersigned, making application for rezoning with the City of Loganville, Georgia, have 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 as requested below.

\_\_\_\_\_  
Applicant's Signature Date Print Name

\_\_\_\_\_  
Signature of Applicant's Attorney or Agent Date Print Name

**Has the Applicant, attorney for applicant, or other agent, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to the Mayor, Member of the City Council or member of the Planning Commission of the City of Loganville, Georgia?**

\_\_\_\_\_ YES                  \_\_\_\_\_ NO

**If YES, complete the following:**

NAME OF INDIVIDUAL MAKING CONTRIBUTION \_\_\_\_\_

NAME & OFFICIAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (List all aggregating to \$250 or more)	DATE OF CONTRIBUTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach additional sheets as necessary to disclose and describe all contributions.**

**APPLICANT'S RESPONSES TO EVALUATION CRITERIA**

In the space provided or in a separate attachment, provide responses to the following questions:

- 1. How does the proposed use impact the overall appearance of the City and aesthetic conditions of adjacent parcels?**
- 2. How does the proposed use impact thoroughfare congestion and traffic safety?**
- 3. How does the proposed use impact population density and the potential for overcrowding and urban sprawl?**
- 4. How does the proposed use impact the provision of water, sewerage, transportation and other urban infrastructure services;**
- 5. How does the proposed zoning provide protection of property against blight and depreciation?**
- 6. How is the proposed use and zoning consistent with the adopted Comprehensive Plan?**
- 7. In what way does the proposed zoning affect adjacent property owners if the request is approved?**
- 8. What is the impact upon adjacent property owners if the request zoning is not approved?**
- 9. Describe any other factors affecting the health, safety, morals, aesthetics, convenience, order, prosperity, or the general welfare of the present and future inhabitants of the City of Loganville.**