



CITY OF WHITE

APPLICATION FOR ZONING CHANGE AND SPECIAL EXCEPTION GUIDANCE AND INSTRUCTIONS

Application Requirements: All applications must be completed and include the required supporting documents. **Incomplete applications will not be accepted.**

Application Deadline: Applications are due by 5:00 PM on the 10th day of each month. When the 10th day falls on a weekend or holiday, applications are due the next business day.

Application Submission: Return one copy of this completed application and all supporting documents to:

City of White

Attn: City Clerk

29 W. Rocky Street, P.O. Box 116

White, GA 30184

Application Representation: The applicant and/or authorized representative should attend all public hearings to support the application and answer any questions.

CHECKLIST:

Pre-application Meeting

Application – *Complete application in its entirety.* If applicant is other than property owner on record, then authorization by property owner(s) shall be required and notarized signature(s) of property owner(s) shall be submitted. (See Page 6)

Application Fee – Applications shall not be processed without the fee. Fee is \$325.

Letter of Intent – Provide documentation stating the request, why the request is being made, and any other specific information that is pertinent to the request.

Property Boundaries – Attach plat of survey and written legal description of proposed property that is to be under consideration. Survey of plat shall be no larger than 11X17.

Application will be returned/rejected if survey and legal description is not provided.



Adjacent Property Owners – List all current owners of properties located immediately adjacent to or across the street or railroad right-of-way from subject property (See Page 5). This information may be obtained from the Bartow County Tax Assessor’s Office (770-387-5090 or <http://qpublic.net/ga/bartow>).

Conceptual Site Plan (No Larger than 11” X 17”) – Must be mechanically drawn and prepared by a Registered Land Surveyor and/or Registered Professional Engineer that is licensed in the State of Georgia. Drawing shall include the following:

- Name of drawing, Date, North Arrow, and Graphic Scale
- All buildings and structures existing and/or proposed to be constructed and their location on the property.
- Existing and/or proposed site improvements including, but not limited to, sidewalks, roads, driveways, parking, loading areas, landscaped areas, and drainage facilities.
- Proposed use of each building or portion thereof.
- Building setbacks and any required buffer yards, as well as the dimensions of all property boundary lines.
- All other information necessary to demonstrate compliance with the Zoning Ordinances, as applicable.
- Any additional required information discussed at the Pre-Application meeting or necessary to allow understanding of the proposed use and property development.

Questions may be directed to the City Clerk

rcochran@cityofwhitega.com | Phone: 770-382-5466 Fax: 770-382-2242

29 W. Rocky Street, P.O. Box 116 | White, GA 30184



Application Number: _____-2024-_____

APPLICATION FOR ZONING CHANGE AND/OR SPECIAL EXCEPTION

Please mark "X" next to the type of application(s) you are submitting:

ZONING CHANGE	
SPECIAL EXCEPTION	

1) **Applicant Information:** (Contact person authorized to receive all communications regarding this application)

Name: _____

Company Name (if applicable): _____

Mailing Address: _____ Phone: _____

Email Address: _____

Has the applicant made any campaign contributions over \$250 to any local government official in which will be considering the application? YES NO (Circle One)

2) **Property Information:** Map Number: _____ All / Part (Circle One) of Parcel Number _____
Property Address (or General Location Description, if no Address Assigned): _____

Acreage (Use Square Footage if less than 1 Acre) _____ Current Zoning: _____ Proposed: _____

Overlay District (if applicable): _____

Existing Use of Property: _____ Proposed Use: _____

Does this proposed use require a Rezoning? YES NO (Circle One)

Has this property been denied a zoning change during the past 12 months? YES NO (Circle One)

Has a public hearing been held regarding this property within the past 3 years? YES NO (Circle One)

(If yes, please describe): _____

How will this property receive water and sewer service? (Public, Private, Community, Septic, etc.) _____

According to the Water Resource Protection District Ordinance (WRPDO) Map, does the subject property(s) include any protected water resources? YES NO (Circle One)

(If yes, please describe): _____

Does the proposed development trigger a Development of Regional Impact (DRI) based on Georgia Department of Community Affairs thresholds? YES NO (Circle One)

3) **Date of REQUIRED Pre-Application Meeting:** _____
(Pre-Application meeting must be held within 6 months prior to submitting application.)



Application Number: _____-2024-_____

I hereby certify that, to the best of my knowledge and belief, the above-listed information and all attached supporting documents are complete and accurate. I understand that this application will require a site visit and authorize staff of the Planning and Zoning office or their designee to enter and inspect the premises which are subject to the application. I also understand that this application will require public hearing(s) by the Planning and Zoning Commission and the City Council.

Signature of Applicant: _____

Date: _____



Application Number: _____-2024-_____

ADJACENT PROPERTY OWNERS

1. Map & Parcel Number:
Name:
Mailing Address:

2. Map & Parcel Number:
Name:
Mailing Address:

3. Map & Parcel Number:
Name:
Mailing Address:

4. Map & Parcel Number:
Name:
Mailing Address:

5. Map & Parcel Number:
Name:
Mailing Address:

6. Map & Parcel Number:
Name:
Mailing Address:

7. Map & Parcel Number:
Name:
Mailing Address:

The accuracy and completeness of this information shall be the responsibility of the applicant. Attach additional pages as necessary.



Application Number: _____-2024-_____

AUTHORIZATION BY PROPERTY OWNER

I, _____ (Owner's Name) swear and affirm that I am the owner of the property at _____ (Property Address). As shown in the records of _____ County, Georgia.

Which is the subject matter of the attached application. I authorize the person named below to file this application. I authorize the person named below to file this application as my agent.

Property Owner:

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Property Owner Telephone Number _____

Property Owner Email Address _____

Name of Applicant:

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Applicant Owner Telephone Number _____

Applicant Owner Email Address _____

I swear that all statements herein and attached hereto are true and correct to the best of my knowledge and belief.

Signature of Property Owner Date Signature of Applicant Date

Print Name of Property Owner Date Print Name of Applicant Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public



Application Number:

FOR STAFF USE ONLY

DATE RECEIVED:3/24/2022

REVIEWED for COMPLETION BY:Curtis Powell

FEES:

Application Charge:	\$325.00
Certified Mail (\$7.00 x Adjacent Property Owner):	
Total Fee:	

PUBLIC HEARING DATES:

1. **Planning and Zoning Commission:**
2. **First Reading City Council:**
3. **Second Reading City Council:**

PUBLIC NOTICE DATES:

1. **Property Posted:**
2. **Legal Ad Posted:**
3. **Letters Mailed:**

DECISION: Choose an item.

Comments/Special Conditions:

X

Curtis D. Powell
Mayor

X

Robin D. Cochran
City Clerk