



**City of Dawsonville**  
 P.O. Box 6 415 Highway 53 East, Suite 100  
 Dawsonville, GA 30534  
 Phone: (706) 265-3256  
[www.dawsonville-ga.gov](http://www.dawsonville-ga.gov)

**Zoning Amendment  
 Checklist**

- All applicable blanks filled out on application
- Completed property owner authorization (notarized)
- Completed adjoining property owners form with names and addresses (Done by City)
- Completed campaign disclosure form
- Detailed **Letter of Intent** requesting rezone with **Conceptual Plan**
- Documentation of CURRENT zoning of parcel in the City (provided by City)
- Site plan information, as specified
- Recorded survey(s) by a Georgia registered surveyor, and recorded at the Court House (11x17 and 8.5x11)
- Legal description
- Completed DRI: Development of Regional Impact, if applicable (for greater than 125 new lots or units) To be done with/by City
- Notice of R-A Adjacency form (notarized) (if applicable)
- Check or money order in the amount for the zoning requested, made payable to "City of Dawsonville"
- SEPARATE FEE received for Public Notice certified return receipt letters, made payable to "City of Dawsonville"

**The applicant, or designated agent, must attend the public hearings for the request to be considered. Failure to appear may result in denial.**

Zoning Requested:	Application Fee Schedule:	Total Acreage	Total Fee
AP R-1 R-2 RHMT	\$250.00 + \$50.00 per part acre (\$5000.00 MAX)		
R-3 R-3R R-6 PCS	\$350.00 + \$50.00 per part acre (\$5000.00 MAX)		
RA PUD TB O CBD NB LI HB CIR INST	\$500.00 + \$50.00 per part acre (\$5000.00 MAX)		
Public Notice Certified Mail	\$6.56 / Per Each Adjacent Property Owner		
APPEAL/CONDITION CHG	\$500.00		
POSTPONEMENT FEE:	Equal to Application Fees		
<b>TOTAL FEE (NON-REFUNDABLE):</b>			



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**Zoning Amendment  
Application**

Request # ZA- \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Property Address: \_\_\_\_\_

Tax Map # \_\_\_\_\_ Parcel # \_\_\_\_\_ **Current Zoning\*\*:** \_\_\_\_\_

Land Lot(s): \_\_\_\_\_ District: \_\_\_\_\_ Section: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_

Acres: \_\_\_\_\_ Current Use of Property: \_\_\_\_\_

Has a past Request of Rezone of this property been made before? \_\_\_ If yes, provide ZA # \_\_\_\_\_

**The applicant request:**

Rezoning to zoning category: \_\_\_\_\_  Special Use permit for: \_\_\_\_\_

Proposed use of property if rezoned : \_\_\_\_\_

If Residential: # of lots proposed \_\_\_\_\_ Minimum lot size proposed \_\_\_\_\_ (Include Concept Plan)

Is an Amenity area proposed \_\_\_\_\_, if yes, what \_\_\_\_\_

If Commercial: Total Building area proposed \_\_\_\_\_ (Include Concept Plan)

Existing Utilities: (readily available at road frontage) \_\_\_ Water \_\_\_ Sewer \_\_\_ Electric \_\_\_ Natural Gas

Proposed Utilities: (developer intends to provide) \_\_\_ Water \_\_\_ Sewer \_\_\_ Electric \_\_\_ Natural Gas

Road Access/Proposed Access: (Access to the development/area will be provided from)

Road name: \_\_\_\_\_ Type of Surface: \_\_\_\_\_

◆ **Failure to complete all sections will result in rejection of application and unnecessary delays.**

◆ **I understand that failure to appear at a public hearing may result in the postponement or denial of this application.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Office Use Only:**

Date Completed Application Rec'd \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ /Cash

Date of Planning Commission Meeting: \_\_\_\_\_ Dates Advertised: \_\_\_\_\_

Date of City Council Meeting: \_\_\_\_\_ Dates Advertised: \_\_\_\_\_

Postponed: YES NO Date: \_\_\_\_\_ Rescheduled for next Meeting: \_\_\_\_\_

**Approved by Planning Commission: YES NO Approved by City Council: YES NO**



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**Zoning Amendment  
 Authorization**

Property Owner Authorization

I / We \_\_\_\_\_ hereby swear that I / we own the property located at (fill in address and/or tax map & parcel #) \_\_\_\_\_ as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request.

I hereby authorize the person(s) or entity(ies) named below to act as the applicant or agent in pursuit of the rezoning requested on this property. I understand that any rezone granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within 6 months from the date of the last action by the City Council.

Printed Name of Applicant or Agent \_\_\_\_\_

**Signature of Applicant or Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Printed Name of Owner(s) \_\_\_\_\_

**Signature of Owner(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

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

\_\_\_\_\_  
 Notary Public, State of Georgia

My Commission Expires: \_\_\_\_\_ Notary Seal

(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)



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**Zoning Amendment  
 Adjacent Property  
 Owners**

**ZA#** \_\_\_\_\_

**TMP#** \_\_\_\_\_

It is the responsibility of the applicant to provide a list of adjacent property owners. This list must include the name and address of anyone who has property touching your property or who has property directly across the street from your property. (Use additional sheets if necessary)

**\*\*Please note\*\*** This information should be obtained at the Planning Office using the Tax Map Parcel Map listing any parcel(s) adjoining or adjacent to parcel where rezone is being requested.

TMP # \_\_\_\_\_ 1. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 2. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 3. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 4. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 5. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 6. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 7. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 8. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

TMP # \_\_\_\_\_ 9. Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Adjacent Property Owner notification of a zoning amendment request is required.**



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**Zoning Amendment  
Campaign Disclosure**

Disclosure of Campaign Contributions  
(Applicant(s) and Representative(s) of Rezoning)

**Pursuant to OCGA, Section 36-67 A-3.A, the following disclosure is mandatory when an applicant or any representation of application for rezoning has been made with two (2) years immediately preceding the filing of the applicant's request for rezoning, campaign contributions aggregating \$250.00 or more to a local government official who will consider the application for rezoning.**

**It shall be the duty of the applicant and the attorney representing the applicant to file a disclosure with the governing authority of the respective local government showing the following:**

1. Name of local official to whom campaign contribution was made:

\_\_\_\_\_

2. The dollar amount and description of each campaign contribution made by the opponent to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.

Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

Enumeration and description of each gift when the total value of all gifts is \$250.00 or more made to the local government official during the 2 years immediately preceding the filing application for rezoning: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant / Representative of Applicant**

\_\_\_\_\_  
**Date**

**Failure to complete this form is a statement that no disclosure is required.**



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**Zoning Amendment  
 Notice of R-A Adjacency**

Notice of Residential-Agricultural District (R-A) Adjacency

Agricultural districts include uses of land primarily for active farming activities and result in odors, noise, dust and other effects, which may not be compatible with adjacent development. Future abutting developers in non R-A land use districts shall be provided with this "Notice of R-A Adjacency" prior to administrative action on either the land use district or the issuance of a building or occupancy permit.

Prior to administrative action the applicant shall be required to sign this waiver which indicates that applicant understands that a use is ongoing adjacent to his use which will produce odors, noise, dust and other effects which may not be compatible with the applicant's development. Nevertheless, understanding the effects of the adjacent R-A use, the applicant agrees by executing this form to waive any objection to those effects and understands that his district change and / or his permits are issued and processed in reliance on his agreement not to bring any action asserting that the adjacent uses in the R-A district constitute a nuisance against local governments and adjoining landowners whose property is located in an R-A district.

This notice and acknowledgement shall be public record.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Application Number: \_\_\_\_\_

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

\_\_\_\_\_  
 Notary Public, State of Georgia

My Commission Expires: \_\_\_\_\_ Notary Seal