



FRANKLIN COUNTY
BOARD OF COMMISSIONERS

"You Are Why We Are Here"

Franklin County Zoning Change Request Check List

- Plat of Property.**
- A legal description of the property.**
- Site Plan.**

Site Plan Requirements. (Section 1605 of Franklin County Zoning Ordinance)

All site plans required by this Article shall, at a minimum, contain the following information:

1. General location map showing scale, date, north arrow and relationship of the site to streets or natural landmarks.
2. Specific schematic map or plat showing
 - (a) boundaries of the subject property
 - (b) all existing and proposed streets, including right-of-way and street pavement widths
 - (c) buildings
 - (d) building setbacks, buffer, landscape strips and environmentally sensitive areas
 - (e) parking and loading areas and other physical characteristics of the property,

- Ownership or Option to purchase documentation. (If necessary)**
- Re-Zoning Request Application.**
- Fee - (\$250.00)**

NOTE - More documentation may be required as seen fit by the Planning Director.

**REQUEST FOR AN AMENDMENT TO THE OFFICIAL ZONING MAP
FRANKLIN COUNTY PLANNING DEPARTMENT**

141 Athens Street
P.O. Box 159
Carnesville, Georgia 30521
(706) 384-2483
Fax (706) 384-7089

APPLICANT INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Status Owner Authorized Agent* Lessee Option to purchase

*If applying as authorized agent please provide proof

PROPERTY OWNER INFORMATION:

Property Owner _____

Address _____

City _____ State _____ Zip _____

PROPERTY INFORMATION:

Tax Map Number _____ Parcel Number _____

Current Zoning _____ Current Use _____

Acreage _____

Existing Utilities: Water Sewer Gas Electric

Proposed Utilities: Water Sewer Gas Electric

What is the proposed method of sewage disposal? _____

ZONING DISTRICT REQUESTED:

ANY CONDITIONAL USE REQUESTED? YES [] NO [] IF YES,

PLEASE EXPLAIN: _____

VARIANCES BEING REQUESTED: _____

ADDITIONAL INFORMATION REQUIRED:

1. A copy of the plat of the property
2. A legal description of the property
3. A site plan
4. The appropriate fee
5. Ownership or Option to purchase documentation

CRITERIA TO CONSIDER FOR REQUESTS FOR AMENDMENTS TO THE OFFICIAL ZONING MAP (Answer to the best of your knowledge.) For questions you feel do not apply to this request, please indicate that they are not applicable to your specific request. Add additional sheets as necessary.)

1. The existing uses and district designation of nearby property and whether the proposed land use will adversely affect the existing use or usability of nearby property.
2. The extent to which property values are diminished by the particular zoning restrictions.
3. The extent to which the destruction of property values promotes the health, safety, morals or general welfare of the public.
4. The relative gain to the public, as compared to the hardship imposed upon the individual property owner.

5. The physical suitability of the subject property for development as presently districted land under the proposed land use district.

6. The length of time the property has been vacant, considered in the context of land development in the area in the vicinity of the property and whether there are existing or changed conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the rezoning request.

7. The zoning history of the subject property.

8. The extent to which the proposed zoning will result in a use which will or could cause excessive or burdensome use of existing streets, transportation facilities, utilities, schools, parks or other public facilities.

9. Whether the land use proposal is in conformity with the policy and intent of the comprehensive plan or other adopted plans.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

DISCLOSURE OF CONFLICT OF INTEREST:

I have not made any political contribution in the last two years to any public official that will review this matter including the Franklin County Planning Commission nor the Franklin County Board of Commissioners.*

APPLICANT'S SIGNATURE: _____ **DATE:** _____

*If a political contribution has been made, please attach an explanation citing who, when and how much.