



**City of Hawkinsville**  
**Application Instructions**  
**for**  
**ZONING CHANGES**

**Public Notice Requirements:**

Section 6.2.3 of the Regulations require that you provide the following notice for each of your Rezoning requests and/or Conditional Use requests. The Building Inspector will notify you of the time and location that the Planning Commission will hold their public hearing for your application as well as the time and location that the City Commission will consider your request.

- At least 15 days prior to the Planning Commission's public hearing on your application, city staff will post a sign on the property where you are requesting a zoning change. This sign will be placed in a conspicuous location along each street frontage of the property. (If the property has no street frontage, the sign will be placed on each street where you will have access to the property.)
- Each sign will be at least 12 square feet in size and will state the following:
  - The date, time and location for the public hearing;
  - The present zoning classification of the property; and
  - The nature of your request (i.e. "Rezoning to R-3" or "Conditional Use for a Church")
- At least 10 days prior to the Planning Commission's public hearing, you must mail a notice to all person(s) owning property located adjacent to or across the street from the property that is the subject matter of the zoning change.
  - The notice that you mail is to state the time, location and purpose of the hearing that is to be held by the Planning Commission as well as the time and location of the City Commission's meeting that is to be held for approval.
  - A copy of this letter along with a list of the intended recipients must be submitted to the Building Inspector.

**City Actions:**

The Building Inspector will assign a number to the application and date it when he/she receives the application. The Building Inspector has 5 working days in which to determine that your application is complete. If it is determined that your application is incomplete it will be returned to you.

The action recommended by the Planning Commission at their public hearing, along with any comments, will be noted on the application form by the City Manager and forwarded to the Board of Commissioners.

The final action taken by the Board of Commissioners will be indicated on the application form, along with any conditions that the Commission imposes on the property if approved, and a copy will be given to you as official notice of their final action.

If the application is withdrawn (see Section 6.2.5 for details), it will be noted on the application form and a copy will be given to you for your records.

**NOTE: Applications for zoning changes on the same property may not be considered more often than once every 12 months, and withdrawals with prejudice cannot be re-filed for 6 months.**



### Instructions for Applicant:

Complete this form and the appropriate attachments in order to apply for a **Rezoning** or approval of a **Conditional Use** on a property. Refer to Section 6.2 of the Unified Land Development Regulations for more detail. This information can be found at <http://www.hawkinsville-pulaski.org> by clicking on the "Visit Municode.com" section.

Fill in the top boxes and have your signature notarized. Deliver the application and all attachments to the City Building Inspector at City Hall, 56 Broad Street, Hawkinsville GA 31036. You can reach the Building Inspector at 478-892-3240 to discuss your application if you have any questions.

**NOTE: If your application qualifies as a "Development of Regional Impact" (see Section 6.2.6 of the Regulations) then you must file your application with the Middle Georgia Regional Commission BEFORE you submit your application to the City.**

- Fill in your name, address, telephone number, the property location, parcel ID, email and current zoning category.
- Check the appropriate box as to whether you are the property owner, an attorney representing the property owner, or representing the owner in some capacity.
- If you do not personally own a majority interest in the property, have the owner(s) prepare an Owner's Authorization giving you permission to file the application, and attach it to the application (see the Owner's Authorization Form that is in this application package).
- Check the appropriate box showing what you are applying for: a **Rezoning** (show the zoning district that you are requesting), a **Conditional Use** (list the specific use from the table under Section 2.6 for the zoning district you have or are applying for), or a change in a condition that was imposed by the City Commission when the property was previously rezoned or had a Conditional Use approved.

**NOTE: File a separate application for each Rezoning request naming a different zoning district. However, Conditional Use requests can be combined with Rezoning requests on the same property.**

- **Check the boxes for all of the items that you have attached:**
  - ☐ Application fee: attach a check or money order for the appropriate fee made out to the City of Hawkinsville. DO NOT ATTACH CASH.
  - ☐ Attach a City of Hawkinsville Application Form.
  - ☐ Attach a legal description of the property accurately describing the boundary of the property for which the change is requested. You may find this on your deed or from a boundary survey made for the property.
  - ☐ Attach an owner's authorization if you are not the owner filing the request.
  - ☐ Attach a Review Checklist for a conditional use request and/or a Review Checklist for a zoning change request.
  - ☐ Attach a Sketch Plan if your proposal will involve new construction or alteration of the site. The Plan Review Checklist MUST be completed as part of your application package if you are required to submit a Sketch Plan.
  - ☐ Attach a completed Campaign Contribution Disclosure form, listing ALL owners of the property. Also indicate contributions or gifts you or your attorney have made over the past two years that in the aggregate total \$250 or more to any Hawkinsville elected official or Planning Commissioner.

Applicant: _____	Telephone No.: _____
Applicant's Address: _____	
Applicant's Email: _____	
Property Location: _____	Current Zoning: _____
Parcel ID: _____	
Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Attorney for Property Owner (Attach Owner's Authorization)	
<input type="checkbox"/> Other Representative of the Owner (Attach Owner's Authorization)	

**Type of Application**

- ☐ Rezoning to: \_\_\_\_\_
- ☐ Conditional Use: \_\_\_\_\_
- ☐ Change in Conditions of Approval

**Attachments**

- |  |  |
|--|--|
| <input type="checkbox"/> Application Fee                       | <input type="checkbox"/> Legal Description |
| <input type="checkbox"/> Sketch Plan                           | <input type="checkbox"/> Review Checklist  |
| <input type="checkbox"/> Campaign Contribution Disclosure Form |  |
| <input type="checkbox"/> Owner's Authorization                 |  |
| <input type="checkbox"/> Other: _____                          |  |

☐ **This is a Development of Regional Impact (see Section 6.2.6). A copy has been filed with the Middle Georgia Regional Commission.**

I attest that this Application and its attachments are accurate to the best of my knowledge, and I will provide notice to the public as required by Section 6.2.3 of the Unified Land Development Regulations.

\_\_\_\_\_  
Signature of Applicant (to be notarized)

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

\_\_\_\_\_  
Notary Public

\*\*\*\*\*DO NOT WRITE IN THE BOXES BELOW\*\*\*\*\*

**Planning Commission Recommendation**

- ☐ Approval as submitted
- ☐ Approval with Conditions
- ☐ Denial ☐ Other

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

**Final Action by Board**

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: \_\_\_\_\_  
Conditions of Approval (if any):

**Application Withdrawn**

- |  |   |
|--|---|
| <input type="checkbox"/> By City Manager           | <input type="checkbox"/> Without Prejudice                        |
| <input type="checkbox"/> By Board of Commissioners | <input type="checkbox"/> With Prejudice - Can't be re-filed for 6 |

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

**Application Number**

Z - \_\_\_\_\_  
Received on: \_\_\_\_\_

This is to certify that (☐ I am ☐ We are ☐ I am the Corporate Secretary of a Corporation) the owner of a majority interest in the property that is the subject of the attached application.

By execution of this form, (☐ I am ☐ We are ☐ I am the Corporate Secretary of a Corporation) authorizing \_\_\_\_\_ as the applicant, acting on behalf of the owner, to file for and pursue a request for the checked item(s) below at the property located at \_\_\_\_\_:

☒ Check each that applies:

- ☐ Rezoning
- ☐ Flood Protection Variance
- ☐ Conditional Use
- ☐ Special Exception
- ☐ Appeal from Administrative Action
- ☐ Project Approval
- ☐ Interpretation
- ☐ Development Permit
- ☐ Hardship Variance
- ☐ Final Subdivision Plat Approval

Please print the following information:

Owner(s) : \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_  
\_\_\_\_\_

Owner(s) Phone: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

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

\_\_\_\_\_  
Owner Signature

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

Attach additional sheets as needed.

Corporations -- attach copy of corporate resolution approving authorization.

Does your request involve new construction or a site alteration? ☐Yes ☐No

**If Yes, you are REQUIRED to provide the information listed below along with your application. Failure to provide this information will result in the application being returned to you as incomplete. By checking each item, you are stating that all of the information listed below is contained within your Sketch Plan.**

Applicant: \_\_\_\_\_

Project Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

**The Sketch Plan SHALL show the following, as appropriate to the zoning or conditional use requested:**

- ☐ Name and address of the property owner.
- ☐ Name, address and telephone number of the applicant.
- ☐ Date of survey, north point and graphic scale, source of datum, date of plan drawing and revision dates, as appropriate.
- ☐ Proposed use of the property.
- ☐ Location (Land District and Land Lot) and size of the property in acres (or in square feet if less than an acre).
- ☐ Location sketch of the property in relation to the surrounding area with regard to well known landmarks such as arterial streets, railroads or others. Sketches may be drawn in freehand and at a scale sufficient to show clearly the information required, but not less than on (1) inch equal to two thousand (2,000) feet. US Geological Survey maps may be used as a reference guide for the location sketch.
- ☐ Zoning district designation of the subject property and all adjacent properties, and zoning district boundaries as appropriate.
- ☐ Man-made features within and adjacent to the property, including existing streets and names, city and county political boundary lines, and other significant information such as location of bridges, utility lines, existing buildings to remain, and other features as appropriate to the nature of the request.
- ☐ The proposed project layout including:
  - ☐ For subdivisions, lot lines and street right-of-way lines, along with the front building setback line on each lot.
  - ☐ For multi-family and nonresidential development projects, the approximate outline and location of all buildings, and the location of all minimum building setback lines, outdoor storage areas, buffers, parking areas and driveways.
- ☐ A statement as to the source of domestic water supply.
- ☐ A statement as to the provision for sanitary sewage disposal.
- ☐ The approximate location of proposed storm water detention facilities.
- ☐ Such additional information as may be useful to permit an understanding of the proposed use and development of the property.

Prepared by: \_\_\_\_\_

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

**\*ONLY FILL OUT THIS FORM IF YOU ARE APPLYING FOR A REZONING REQUEST**

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

Applicant: \_\_\_\_\_

Property Location: \_\_\_\_\_  
\_\_\_\_\_

1. Will the proposal permit a use that is suitable in view of the zoning and development of adjacent and nearby property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
2. Will the proposal have an adverse effect on the existing use or usability of adjacent or nearby property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, please state adverse effect in the comment section.	Comments:
3. Will the proposal be compatible with the purpose and intent of the Comprehensive Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
4. Are there substantial reasons why the property cannot or should not be used as currently zoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, please state information in the comment section.	Comments:
5. Will the proposal result in a use that will cause an excessive or burdensome use of public facilities or services, including but not limited to streets, schools, water or sewer utilities, and police and fire protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, please state information in the comment section.	Comments:
6. Is the proposal supported by new or changing conditions not anticipated by the Comprehensive Plan or reflected in the existing zoning on the property or surrounding properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
7. Does the proposal reflect a reasonable balance between the promotion of the public health, safety, morality or general welfare against the right to unrestricted use of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:

**\*ONLY FILL OUT THIS FORM IF YOU ARE APPLYING FOR A CONDITIONAL USE**

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

Applicant: \_\_\_\_\_

Property Location: \_\_\_\_\_  
\_\_\_\_\_

1. Will the type of street providing access to the use be adequate to serve the proposed Conditional Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
2. Will access into and out of the property be adequate to provide for traffic and pedestrian safety, the anticipated volume of traffic flow, and access by emergency vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
3. Will refuse, service, parking, and loading areas on the property be located or screened to protect other properties in the area from such adverse effects as noise, light, glare, or odor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
4. Will the hours and manner of operation of the Conditional Use have an adverse effect on other properties in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, please state adverse effect in the comment section.	Comments:
5. Will the height, size, or location of the buildings or other structures on the property be compatible with the height, size, or location of buildings or other structures on neighboring properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:

Prepared by: \_\_\_\_\_

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

The following information is provided in accordance with the Georgia Conflict of Interest in Zoning Actions Act, O.C.G.A. 36-67A-1 *et seq.* **Attach additional sheets as needed.**

The property that is the subject of this application is owned by:

☐ Individual(s)

☐ Corporation

☐ Partnership

☐ Limited Partnership

☐ Joint Venture

All persons, corporations, partners, limited partners, or joint ventures' party to ownership of the property that is the subject of the attached application are listed below:


The name and address of the applicant submitting this application is:


Within the two years preceding the date of this application, the applicant has made campaign contributions or gifts aggregating \$250 or more to the following members of the Hawkinsville Board of Commissioners or Planning Commission:

Name of Official	Amount of Contribution or Gift	Date of Contribution or Gift

The name and address of the attorney representing the applicant submitting this application is:


Within the two years preceding the date of this application, the attorney representing the applicant has made campaign contributions or gifts aggregating \$250 or more to the following members of the Hawkinsville Board of Commissioners or Planning Commission:

Name of Official	Amount of Contribution or Gift	Date of Contribution or Gift