



# City of Lula

A REMARKABLE PAST. A VERY BRIGHT FUTURE.

P.O. Box 99, 6055 Main Street, Lula, GA 30554

Phone 770-869-3801 Fax 770-869-1299

Email: lulacity@bellsouth.net

## ZONING AMENDMENT APPLICATION

Used for: All Zoning Request, All Variances Request, All Annexation Request - Cannot be submitted online

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

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

Corporate Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Property is in (circle one):                      Banks County                      Hall County

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

Directions to Property \_\_\_\_\_

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

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

Is the property being considered for Annexation (circle one)?                      YES                      NO

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

Acres \_\_\_\_\_ Current use of property \_\_\_\_\_

Has a past request of rezone of this property been made before? If so, provide ZA # \_\_\_\_\_

### The applicant request:

Rezoning to zoning category \_\_\_\_\_ Special use permit for \_\_\_\_\_

Is this a variance request?                      YES                      NO                      If so, describe \_\_\_\_\_

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

If residential: # of lots proposed \_\_\_\_\_ Minimum lot size proposed \_\_\_\_\_ (include conceptual plan)

Is an amenity area proposed?                      YES                      NO                      If so, describe \_\_\_\_\_

If commercial: Total building area proposed \_\_\_\_\_ (include conceptual plan)

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

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

Road access/Proposed access (Access to the development/area will be provided from) \_\_\_\_\_

Road Name \_\_\_\_\_ Type of Surface \_\_\_\_\_

**Failure to complete all sections can result in rejection of application and unnecessary delays. I understand that failure to appear at a public hearing may result in the postponement of denial of this application.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Date Completed Application Received _____	Amount Paid \$ _____	CASH CK # _____
	Public Hearing Meeting Dates _____	Date of City Council Meeting _____	
	Postponed: YES NO Date _____	Rescheduled for next Meeting _____	
Approved by City Council:    YES    NO    Date _____			



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## ZONING AMENDMENT AUTHORIZATION

Property Owner Authorization – ZA # \_\_\_\_\_

I / We \_\_\_\_\_ hereby swear that I / we own the property located at (address and/or tax map and parcel #) \_\_\_\_\_

shown in the tax maps and/or deed records of Banks or Hall 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 of 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 12 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 \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

Signature of Owner(s) \_\_\_\_\_ 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 an applicant or partner and have the additional sheet notarized also.)



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## ZONING AMENDMENT ADJACENT PROPERTY OWNERS

Property Owner Authorization – 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 County Planning Office using the Tax Map/Parcel Map listing any parcel(s) adjoining or adjacent to parcel where rezone is being requested. Plead print information below.

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 \_\_\_\_\_

**Adjacent property owner notification of a zoning amendment request is required.** The applicant is responsible for mailing the public notice (prepared by the Planning Department) to each adjacent property owner via Certified Mail or pays the additional postage to the City of Lula to mail. **The applicant must pick up the certified letter to mail, unless postage is paid to the city.**



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# ZONING AMENDMENT CAMPAIGN DISCLOSURE

Disclosure of Campaign Contributions – ZA # \_\_\_\_\_  
Applicant(s) and Representative(s) of Rezoning

Pursuant to OCGA, Section 36-37 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:

Please print information below –

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

\_\_\_\_\_

2. The dollar amount and the 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 two (2) years immediately preceding the filing of the application for rezoning:

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

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

\_\_\_\_\_  
Date

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