

City of Cochran, Georgia
PETITION FOR REZONING

1. Name of Applicant (s): _____

Applicant must be property owner (s) or attached evidence of Power of Attorney for the Property Owner. All property owner (s) listed on the deed must sign the rezoning application.

2. Address/location of property to be rezoned: _____

3. Applicant's Street Address: _____

4. Applicant's Telephone Number: _____

5. **Legal Description** of property to be rezoned:

a. Copy of the legal description must be attached. The legal description can be a copy of the deed as recorded in the County Courthouse. If not available, a metes and bounds description including land lot and land district can be submitted for review.

b. Provide a survey plat of the property and/or applicable site plan

c. For Annexation – The Survey Plat must be tied to the Georgia Planes Coordinate System

6. Size of Property (acres or sq. ft.): _____

7. Present Zoning of Property: _____

8. Proposed Zoning District: _____

9. Present Use of Property: _____

10. Proposed Use of Property: _____

11. There are no deed restrictions pertaining to the use of the property. If there are deed restrictions, attach copy.

12. The following disclosure is required of the applicant(s) by Section 36-67 A-3 of O.C. G.A. The information is for disclosure purposes only and does not disqualify the petition.

Within the past two years, have you made campaign contributions and/or gifts totaling \$250 or more to a local government official who will consider this application?

If yes, on a separate page, answer the following and return within ten (10) days and after filing this petition for rezoning.

- a. The names and positions of the local government officials to whom the campaign contribution was made; and
 - b. The dollar amount(s) and date of each campaign contribution made by the applicant to each local government official during the two years immediately preceding the date of the rezoning application; and
 - c. List and describe each gift having a value of \$250 or more made by the applicant to any local government official in the last two years.
13. The property owner (s) shall assist the City with identifying property owner(s) within a certain distance of proposed property for the purpose of notifying surrounding property owners of public hearing.
14. Zoning Application Fee is **\$15.00**, payable to the City of Cochran. Fee is due at the time of zoning application submittal
15. It is understood that notice of the public hearing before the Cochran Planning/Zoning Commission and/or the City Council will be published at least fifteen (15) days prior to said hearing in a paper of general circulation in the City, and that one or more signs, which shall be of a size in conformance with the City's sign ordinance, will be erected and shall contain information about the proposed zoning change and shall show the date and time of the rezoning hearing.
16. It is understood that the property owner shall not initiate a zoning amendment affecting the same parcel more than once every six months. Furthermore, applicants and owner(s) must be present for rezoning hearings before both Cochran Planning Commission and Cochran City Council.
17. Under penalty of perjury, I declare that I have examined this petition, including accompanying statements, and I attest that the information is true and complete

SIGNED BY PETITIONER (S) _____.

Telephone _____.

DISCLOSURE FORM
DISCLOSURE OF CAMPAIGN CONTRIBUTIONS AND GIFTS

Reference: application to rezone real property located at _____ and described as follows:

All individuals and businesses having a property interest in the said property are as follows:

Within two years of the filing date of the rezoning application, the applicant has made campaign contributions aggregating \$250 or more or made gifts having in the aggregate value of \$250 or more to the following members of the Cochran Planning Commission or City Council; the dollar amount of such contributions are listed below; and an enumeration and a description of such gift having a value of \$250 or more is listed below:

I hereby depose and state that all statements herein are true and complete to the best of my knowledge and belief.

Applicant Signature

Subscribed and sworn to before me, a Notary Public, in and for the State of Georgia, County of _____, on the ____ day of _____, 20_____.

My Commission Expires:

Notary Public
Commission #