



CITY OF NEWMAN, GEORGIA Planning and Zoning Department

25 LaGrange Street
Newnan, Georgia 30263
Office (770) 254-2354
Fax (770) 254-2361

APPLICATION TO AMEND THE ZONING ORDINANCE

Note to Applicant: Please be sure to complete all entries on the application form. If you are uncertain to the applicability of an item, contact The Planning & Zoning Department at 770-254-2354. Incomplete applications or applications submitted after the deadline will not be accepted.

Name of Applicant _____

Mailing Address _____

Telephone _____ Email: _____ Fax: _____

Property Owner (Use back if multiple names) _____

Mailing Address _____

Telephone _____ Email: _____ Fax: _____

Requested Zoning Text Amendment _____

To the best of your ability, please answer the following questions regarding the application:

How has/have the current Zoning Ordinance section(s) that is/are the subject of this application become outdated or no longer in the best interest of the City of Newnan? _____

How does the proposed zoning ordinance change better serve the City of Newnan in promoting and protecting the health, safety, morals, convenience, order, prosperity, or general welfare of the City and its citizenry? _____

How does the proposed ordinance change fit with the goals, objectives, and policies of the City of Newnan's Comprehensive Plan, as amended? _____

Impact of Zoning Ordinance Change description. Write a narrative explaining the benefit to the City anticipated from the ordinance change including expected impact on public services as well as the amount of City land that is expected to be affected by the proposed change. _____

Please attach all the following items to the completed application:

1. A letter of intent giving the details of the proposed ordinance change, which should include, at a minimum, the following information:
 - What is the purpose of the proposed ordinance change?
 - How the ordinance change may affect other ordinance sections?
2. Completed Disclosure of Campaign Contributions and Gifts form.
3. Check in the amount of \$300.00 payable to the City of Newnan.

PLEASE NOTE:

- ✓ **THIS APPLICATION MUST BE FILED BY THE 1st OF THE MONTH.**
- ✓ **COUNCIL MUST FIRST ACCEPT THIS APPLICATION. IF ACCEPTED, THE REQUESTED TEXT AMENDMENT WILL BE FORWARDED TO THE PLANNING COMMISSION FOR A RECOMMENDATION. AFTER THE PLANNING COMMISSION MAKES THEIR RECOMMENDATION, THEN IT WILL BE FORWARDED BACK TO CITY COUNCIL, WHO WILL MAKE THE FINAL DECISION.**

I (We) do hereby certify the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Sworn to and subscribed before me this

_____ day of _____, 20

Signature of Applicant _____

Notary Public

Signature of Applicant _____

(Affix Raised Seal Here)

FOR OFFICIAL USE ONLY

RECEIVED BY _____

DATE OF FILING _____

DATE OF NOTICE TO NEWSPAPER _____

DATE OF PUBLIC HEARING _____

PLANNING COMMISSION RECOMMENDATION (DATE) _____

DATE OF TRANSMITTAL TO CITY COUNCIL _____

CITY COUNCIL DECISION (DATE) _____



City of Newnan, Georgia

Attachment A

Disclosure of Campaign Contributions & Gifts

NEWNAN
GEORGIA

Application filed on _____, 20__ for action by the City Council on the following requested text amendment:

The undersigned below, making application for City Council action, has complied with the Official Code of Georgia Section 36-67A-1, et.seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on this form as provided.

Have you as applicant or anyone associated with this application or property, within the two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Newnan City Council or a member of the Newnan Planning Commission? ☐ Yes ☐ No

If YES, please complete the following section (attach additional sheets if necessary):

Name and Official Position of Government Official	Contributions (List all which aggregate to \$250 or more)	Date of Contribution (Within last 2 years)

I do hereby certify the information provided herein is both complete and accurate to the best of my knowledge.

Signature of Applicant

Type or Print Name and Title

Signature of Applicant's Representative

Type or Print Name and Title

Signature of Notary Public

Date

(Affix Raised Seal Here)

¹Business entity may be a corporation, partnership, limited partnership, firm, enterprise, franchise, association, trade organization, or trust while other organization means non-profit organization, labor union, lobbyist or other industry or casual representative, church, foundation, club, charitable organization, or educational organization.