



CITY OF NEWMAN, GEORGIA
Planning and Zoning Department
25 LaGrange Street
Newnan, Georgia 30263
Office (770) 254-2354
Fax (770) 254-2361

APPLICATION FOR ANNEXATION

The purpose of the Annexation Zoning Policy is to provide a mechanism whereby land, which is subject to annexation by the City of Newnan, shall be evaluated and a zoning district be decided upon to apply to said land upon the annexation becoming final.

Name of Applicant _____

Mailing Address _____

Telephone _____ Email: _____

Property Owner (Use back if multiple names) _____

Mailing Address _____

Telephone _____ Fax _____

Address/Location of Property _____

Tax Parcel No(s): _____

County Zoning Classification _____ Requested Zoning Classification _____

Present Land Use _____

Upon receipt of this application for annexation of property to the City, such application shall be placed on an agenda of the City Council meeting within 60 days of the filing of such application. The City Council shall evaluate the application, and if it is decided that the City will pursue annexation, the zoning request for the property is forwarded to the Planning Commission for a zoning recommendation.

Petitioners for annexation must present to the Planning & Zoning Department the following information:

_____ A petition for annexation into the City of Newnan, Georgia, which shall be in the form of a letter and include:

- ✓ Petitioner 's Name
- ✓ Mailing Address
- ✓ Contact Telephone Number
- ✓ Address or Tax Map Number of the property(s) proposed for annexation
- ✓ County Zoning Classification(s)
- ✓ Requested Zoning Classification(s)
- ✓ Present Land Use of the property(s)
- ✓ Proposed Land Use of the property(s)

___ A completed property owners authorization form (attachment A). If multiple properties are being requested a separate application shall be submitted.

___ A legal description of the property(s) and a legal description for each zoning classification being requested.

___ A survey by a licensed and registered land surveyor (which shall show, at a minimum, the extents of the property, size in acres, adjacent property owners, and the existing city limits line). One paper plat 18" x 24" minimum size and a digital copy in pdf format.

___ A preliminary concept plan illustrating the proposed use and/or development for this site which will also include a Preliminary Tree Management Plan illustrating existing location and general tree canopy along with areas proposed for tree conservation and/or replanting.

All of the preceding information listed above also needs to be furnished in digital, pdf format.

___ A check in the amount of \$600.00/Plus fees per acre as determined by the requested zoning classification payable to the City of Newnan.

- Single-Family Zoning Classification.....\$15.00 Per Acre
- Multi-Family Zoning Classification.....\$25.00 Per Acre
- Office/Institutional Zoning Classification.....\$15.00 Per Acre
- Commercial Zoning Classification.....\$25.00 Per Acre
- Industrial Zoning Classification.....\$15.00 Per Acre

___ A list of all property owners with addresses within 250 feet of the property(s) being annexed.

The City Council may reject the application or refer it to the Planning Commission to consider zoning and other relevant planning issues including whether the proposed annexation meets the intent of the Comprehensive Plan and whether the property should be annexed. If the annexation is to be passed to the Planning Commission, the City shall notify Coweta County of intent to annex within 5 business days of receipt of the request for annexation. This notification shall include all relevant data pertaining to the proposed land use of the area to be annexed. Upon receiving a recommendation from the Planning Commission, the City Council may choose to proceed with annexation of the property. The annexation shall be effective on the last day of the calendar quarter during which the annexation occurred.

The procedure for rezoning of the property is identical to that of a conventional rezoning except the hearing before the Council shall be conducted prior to the annexation of the subject property into the City.

The zoning classification approved by the City following the hearing shall become effective on the later of:

- The date the zoning is approved by the Council, and
- The date the annexation becomes effective pursuant to O.C.G.A. §30-30-4

All annexation into the City of Newnan shall meet all of the requirements for resolution of land use conflicts as required by State House Bill 489 (refer to Article 10, §10-4 of the Newnan Zoning Ordinance).

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

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____



City of Newnan, Georgia
Attachment A

NEWNAN
GEORGIA

Proffered Conditions

As part of an application for an annexation/rezoning, a property owner **MAY** proffer, in writing, proposed conditions to apply and be part of the rezoning being requested by the applicant. Proffered conditions may include written statements, development plans, profiles, elevations, or other demonstrative materials. *(Please refer to Article 10 of the Zoning Ordinance for complete details.)*

Please list any written proffered conditions below:

Any development plans, profiles, elevations, or other demonstrative materials presented as proffered conditions shall be referenced below and attached to this application:

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)



City of Newnan, Georgia
Attachment B

Disclosure of Campaign Contributions & Gifts

Application filed on _____, 20__ for action by the Planning Commission on annexation /rezoning requiring a public hearing on property described as follows:

The undersigned below, making application for Planning Commission 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. All individuals, business entities, or other organizations¹ having a property or other interest in said property subject of this application are as follows:

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.



City of Newnan, Georgia
Attachment C

Property Owner's Authorization

The undersigned below, or as attached, is the owner of the property which is the subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of a rezoning of the property.

Name of Property Owner _____

Telephone Number _____

Address of Subject Property _____

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Coweta County, Georgia.

Signature of Property Owner

Personally, appeared before me

who swears the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

Notary Public

(Affix Raised Seal Here)

Date



City of Newnan, Georgia
Attachment D
Attorney's Authorization

NOTE: *If an attorney-at-law has prepared this application, please fill out the information below:*

I swear as an attorney-at-law, I have been authorized by the owner(s) to file the attached application for an annexation/rezoning of property.

(Signature of Attorney)

Name of Attorney _____

Address _____

Telephone _____

Date _____



City of Newnan, Georgia

Attachment E

Checklist

The following is a checklist of information required for the submittal of an annexation/rezoning application. The Planning & Zoning Department will not accept an incomplete application.

- _____ Completed application form
- _____ Letter of intent
- _____ Names and addresses of all owners of all property within 250 feet of the subject property
- _____ Legal description of property
- _____ Certified plat
- _____ Concept Plan
- _____ Preliminary Tree Management Plan (see attachment F for minimum plan elements)
- _____ Completed Attachment A – Proffered Conditions (if applicable)
- _____ Completed Attachment B – Disclosure of Campaign Contributions & Gifts (if applicable)
- _____ Completed Attachment C – Property Owner’s Authorization (if applicable)
- _____ Completed Attachment D – Attorney’s Authorization (if applicable)
- _____ Checklist Attachment E
- _____ Completed Attachment F – Preliminary Tree Management Plan
- _____ Completed Attachment G - Community Impact Study (if applicable)
- _____ Filing Fee in the form of a check payable to the **City of Newnan**

Note: Please attach this form to the filing application.



City of Newnan

Attachment F

Preliminary Tree Management Plan Requirements...

- Label document as Preliminary Tree Management Plan.
- Provide a reasonable and legible representation of the Preliminary Tree Management Plan for review and comment.
- Graphic representation of the existing tree canopy.
- Written description and labeling information about the existing tree canopy.
- Total number of acres of the project.
- Total number of disturbed acres of the project.
- Total number of acres within any undevelopable areas, including utility easements, floodplain, wetlands, stream buffers, zoning buffers, lakes, ponds, etc...
- Graphic display and label any required or proffered zoning buffers. Provide acreage.
- Number of actual tree save acreage, not including any of the categories listed above.
- Provide detailed and graphic representation of all tree save areas and how tree save areas will be safeguarded and protected.

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.



Attachment G - Community Impact Study Form

(Required per Sec. 10-10(g), Article 10-Procedures and Permits)

Project Information

Project Name: _____

Project Address/Location: _____

Parcel ID(s): _____

Applicant/Developer: _____

Contact Information: _____

Date Submitted: _____

Project Description

Type of Development (check one):

Office (over 200,000 sq. ft.)

Commercial (over 250,000 sq. ft.)

Industrial (500+ employees)

Multifamily (over 150 units)

Gross Floor Area / Number of Units / Employees: _____

Narrative Summary of the Proposed Development:

Impact Analysis

1. Schools

Estimated number of new residents (if residential): _____

Projected school-age children generated: _____

Impacted school districts/facilities: _____

Capacity considerations: _____

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.

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2. Roads and Streets

Estimated average daily trips (ADT): _____

Peak hour traffic impact: _____

Adjacent street(s) affected: _____

Planned roadway improvements/mitigation:

3. Public Services

a. Police Services

Special service needs (if any): _____

b. Fire Protection

Distance to nearest station: _____

Special service needs (if any): _____

c. Sanitation Services

Estimated solid waste generation: _____

Disposal/management plans: _____

d. Taxes / Fiscal Impact

Estimated annual property tax revenue: _____

Estimated cost of public services: _____

Net fiscal impact: _____

e. Water Sewer

Sewer and water capacity to be determined by service provider.

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.

Mitigation Measures

Describe any proposed improvements, contributions, or actions to reduce identified impacts: _____

Certification

I hereby certify that the information contained in this Community Impact Study is true and correct to the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.

- Provide graphic representation of open space areas available for required tree plantings.

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.



Attachment G - Community Impact Study Form

(Required per Sec. 10-11(g), Chapter 44 – Variances and Appeals Procedures)

Project Information

Project Name: _____

Project Address/Location: _____

Parcel ID(s): _____

Applicant/Developer: _____

Contact Information: _____

Date Submitted: _____

Project Description

Type of Development (check one):

Office (over 200,000 sq. ft.)

Commercial (over 250,000 sq. ft.)

Industrial (500+ employees)

Multifamily (over 150 units)

Gross Floor Area / Number of Units / Employees: _____

Narrative Summary of the Proposed Development:

Impact Analysis

1. Schools

Estimated number of new residents (if residential): _____

Projected school-age children generated: _____

Impacted school districts/facilities: _____

Capacity considerations: _____

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.

2. Roads and Streets

Estimated average daily trips (ADT): _____

Peak hour traffic impact: _____

Adjacent street(s) affected: _____

Planned roadway improvements/mitigation:

3. Public Services

a. Police Services

Special service needs (if any): _____

b. Fire Protection

Distance to nearest station: _____

Special service needs (if any): _____

c. Sanitation Services

Estimated solid waste generation: _____

Disposal/management plans: _____

d. Taxes / Fiscal Impact

Estimated annual property tax revenue: _____

Estimated cost of public services: _____

Net fiscal impact: _____

e. Water Sewer

Sewer and water capacity to be determined by service provider.

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.

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Mitigation Measures

Describe any proposed improvements, contributions, or actions to reduce identified impacts: _____

Certification

I hereby certify that the information contained in this Community Impact Study is true and correct to the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Date: _____

Please complete this form and email it to planning@newnanga.gov a minimum of 15 business days prior to filing the rezoning/annexation application.