

# CHANGE IN CONDITIONS APPLICATION



**Gwinnett**

Department of Planning & Development  
Planning Division

446 West Crogan Street, Suite 300

Lawrenceville, Georgia 30046

**(678) 518-6000**

**ONLY COMPLETE APPLICATIONS ACCEPTED**

## CHANGE IN CONDITIONS CHECKLIST

### **Please submit this checklist when filing for a Change in Conditions**

The following is a checklist of information required for submission of a Change in Conditions application. The Planning and Development Department reserves the right to reject any incomplete applications.

- Pre-Application Meeting Minutes
- Application Form
- Boundary Survey Including Existing Conditions
- Legal Description
- Redlined Resolution with Proposed Changes
- Site Plan
- Letter of Intent
- Standards Governing Exercise of the Zoning Power
- Applicant Certification with Notarized Signature
- Property Owner Certification with Notarized Signature
- Conflict of Interest Certification/Campaign Contributions
- Verification of Paid Property Taxes (Signed by Tax Commissioners Office)
- Application Fee (Fees will be invoiced once the application is deemed complete)

### **Additional Exhibits (if applicable):**

- Traffic Impact Study
- Sewer Capacity Certification
- Public Participation Plan
- Building Elevations
- Phasing Plan (MU-N, MU-C, MU-R)
- Review Form for Development of Regional Impact

**CHANGE IN CONDITIONS APPLICATION**

AN APPLICATION TO AMEND THE OFFICIAL ZONING MAP OF GWINNETT COUNTY, GEORGIA

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Contact Person: _____ Phone: _____	
Contact's Email: _____	
<b>APPLICANT IS THE:</b>	
<input type="checkbox"/> Owner's Agent <input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser	
Zoning District(s): _____ Prior Zoning Case No.: _____	
Parcel Number(s): _____ Acreage: _____	
Property Address(es): _____	
Proposed Change in Conditions: _____	
Variance(s): _____ Waiver(s): _____	
<b>RESIDENTIAL DEVELOPMENT:</b> No. of Dwelling Units: _____ Dwelling Unit Sq. Ft.: _____ Density: _____ Floor Area Ratio (LRR, MRR, HRR): _____	<b>NON-RESIDENTIAL DEVELOPMENT</b> No. of Buildings: _____ Total Building Sq. Ft.: _____ Floor Area Ratio: _____
<b>MIXED-USE DEVELOPMENT</b>	
No. of Dwelling Units: _____ Dwelling Unit Sq. Ft.: _____	
Total Non-Residential Sq. Ft.: _____ Floor Area Ratio: _____	

**STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER**

Pursuant to requirements of the Unified Development Ordinance, the Board of Commissioners finds that the following standards are relevant in balancing the interest in promoting the public health, safety, morality, or general welfare against the right to the unrestricted use of property and shall govern the exercise of the zoning power.

Please respond to the following standards in the space provided or use attachment as necessary:

- (A) Whether a proposed change in conditions will permit a use that is suitable in view of the use and development of adjacent and nearby property:

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- (B) Whether a proposed change in conditions will adversely affect the existing use or usability of adjacent or nearby property:

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- (C) Whether the property to be affected by a proposed change in conditions has reasonable economic use as currently zoned:

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- (D) Whether the proposed change in conditions will result in a use which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools:

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- (E) Whether the proposed change in conditions is in conformity with the policy and intent of the Unified Plan and Future Development Map:

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- (F) Whether there are other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the proposed change in conditions:

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**CHANGE IN CONDITIONS APPLICANT'S CERTIFICATION**

The undersigned 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 six (6) months from the date of last action by the Board of Commissioners.

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Signature of Applicant Date

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Type or Print Name and Title

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Signature of Notary Public Date Notary Seal

**CHANGE IN CONDITIONS PROPERTY OWNER’S CERTIFICATION**

The undersigned below, or as attached, is the owner of the property considered in this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within six (6) months from the date of last action by the Board of Commissioners.

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Signature of Property Owner

Date

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Type or Print Name and Title

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Signature of Notary Public

Date

Notary Seal

**CONFLICT OF INTEREST CERTIFICATION FOR CHANGE IN CONDITIONS**

The undersigned below, making application for a change in conditions, 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 the forms provided.

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Signature of Applicant	Date	Type of Print Name and Title
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Signature of Applicant's Attorney or Representative	Date	Type or Print Name and Title
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Signature of Notary Public	Date	Notary Seal
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**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Board of Commissioners?

Yes     No    \_\_\_\_\_ (Your Name)

If the answer is yes, please complete the following section:

NAME AND OFFICAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (List all which aggregate to \$250 or More)	DATE CONTRIBUTION WAS MADE (Within last two years)

Attach additional sheets if necessary to disclose or describe all contributions.

**VERIFICATION OF CURRENT PAID PROPERTY TAXES  
FOR CHANGE IN CONDITIONS**

The undersigned below is authorized to make this application. The undersigned certifies that all Gwinnett County property taxes billed to date for the parcel listed below have been paid in full to the Gwinnett County Tax Commissioner. In no case shall an application or reapplication for change in conditions be processed without such property verification.

**A SEPARATE VERIFICATION FORM MUST BE COMPLETED FOR EACH TAX PARCEL INCLUDED IN THE CHANGE IN CONDITIONS REQUEST.**

**Parcel I.D. Number:** \_\_\_\_\_  
(Map Reference Number)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title

**PLEASE TAKE THIS FORM TO THE TAX COMMISSIONERS OFFICE AT THE GWINNETT JUSTICE AND ADMINISTRATION CENTER, 75 LANGLEY DRIVE. THIS FORM MUST BE SIGNED BY A REPRESENTATIVE OF THE TAX COMMISSIONER'S OFFICE.**

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**TAX COMMISSIONERS USE ONLY**

Payment of all property taxes billed to date for the above referenced parcel has been verified as paid current and confirmed by the signature below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date