

Received by City of Bloominadale SEP 1 8 2019

City of Bloomingdale 8 West Highway 80 P.O. Box 216 Bloomingdale, Ga. 31302 Phone: (912) 748-0970 Fax: (912) 748-1005

For staff use only
Petition Number
Date Submitted
Property Owner
Property Address
Action by Planning Commission:
Date of Action by Planning
Commission
Action by Council
Date of Action by Council

REZONING CHECKLIST AND APPLICATION

Please type or print legibly. If necessary, attach additional sheets to fully answer any of the following sections. This form, along with application, application fee and required documents must be submitted at least seven (7) weeks prior to the regularly scheduled meeting of the Planning Commission.

Petitioner should refer to the City of Bloomingdale's Code of Ordinances, Zoning Appendix, to understand and adhere to all requirements. This document is for application purposes only and does not replace any procedures set forth in the Code of Ordinances.

Please complete the following checklist to verify all required items are included. Incomplete applications will not be accepted.

YES	NO	NA				
Х			Completed application form			
			Legal description of property or metes and bounds description (Attach a boundary survey,			
V			recorded or proposed plat, tax map, or scaled plot plan to identify the property boundary			
~			lines. Survey, plat or map must show nearest public right-of-way)			
Х			Map of adjacent properties and zoning			
Х			Non-refundable filing fee, payable to City of Bloomingdale \$500.00			
			If the petitioner is not the property owner, a signed, notarized statement from the owner			
			authorizing the petitioner/agent to act on his or her behalf is required			
Х			Site plan, if applicable			
Х			Disclosure of Campaign Contributions, if applicable			

Development of Regional Impact

If the project is a Development of Regional Impact (DRI), the project must first be reviewed by the State of Georgia before rezoning petition can be reviewed by the City of Bloomingdale. See https://dca.ga.gov/local-government-assistance/planning/regional-planning/developments-regional-impact for more information.



REZONING APPLICATION FORM

I. General Information

Petitioner/Applicant: (Note: A signed notarized statement of authorization from the property owner is required if the petitioner is not the property owner.)

Name: McC	Craney Property Company				
Address: 2257 Vista Parkway Suite 15					
West Palm Beach, FL 33511					
Telephone:	561-478-4300 Cell				
Email	dwilliams@mccraneyproperty.com				

Property Owner: (If same as petitioner, write "same")

Name:	Pete Waller		
Address:	02 Bloomingdale Roa	1	
	loomingdale GA, 3130		
Telephone:	912-748-4210	Cell	
Email	atlantic702@comca	ast.net	

II. Property Description

Address:	Legal address or general street location (nearest street intersections) 702 Bloomingdale Road Bloomingdale GA, 31302
Legal Description:	Name of subdivision, block, lot number, etc; or if none, by metes & bounds: See attached survey
Property Tax ID #:	8000401012A, 8000402001, 8000601027, 8000601026
Total Area of Property	r: Approximately 531.71

If the property is contiguous to property with a more restrictive zoning classification or abutting or fronting onto an arterial or collector street, then a site plan is also required at the time of rezoning.

III. **Action Requested**

Action Requested:	X Rezoning (Map amendment Variance	
Previous Applications:	Have any previous applications been made for a text or map amendment Affecting this same property or properties? Yes X No_x	
	If yes, give application number: Date: Action taken:	
	If exact application number, date, or action is not known, provide the approximate date of previous application: April_2017	
Zoning Classification:	Present zoning: Requested zoning: Industiral/PUD	
Existing Land Use:	Specify such as single family residence, grocery store, vacant land, etc.: Agricultural use	
Proposed Land Use:	ed Land Use: Specify such as single family residence, grocery store, vacant land, etc.: Light Industrial	
Justification:	List reasons for requesting the change(s); attach pages, if needed. See Attached	

IV. Other Information

Adjacent Property Owners:

Provide a list of the names and mailing addresses of all adjacent property owners of the subject property. (Use separate sheet if necessary)

Name:	Mailing Address:
See Attached	

I have received and understand the checklist of actions needed to amend the Bloomingdale Zoning Ordinance/Zoning Map. It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of providing the need for the proposed amendment rest with the applicant.

Agent____

Signature

Disclosure of Campaign Contributions:

The Conflict of Interest in Zoning Actions Act (O.C.G.A. Chapter 67A) requires that an applicant for a zoning action must disclose campaign contributions in the amounts of \$250 or more that have been made to local government officials who will consider the application. A local government official includes the Mayor and members of the City Council and the Planning Commission. Agents, including attorneys, who may represent the applicant, must also disclose such campaign contributions. If this Act is applicable, it shall be the duty of the applicant to file a disclosure report with the City of Bloomingdale Clerk of Council showing the following:

- 1) The name and official position of the local government official to whom the campaign contribution was made; and
- 2) The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for zoning action and the date of each such contribution.

This disclosure shall be filed within ten (10) days after the application for action is first filed.

Signature

Approval of an application for rezoning or variance by the City of Bloomingdale does not constitute a waiver from any applicable local, state or federal regulations.

I hereby certify that the above stated facts are true to the best of my knowledge and belief and that I am the owner or authorized agent for the owner of the subject property.

Owner's signature or Authorized Agent

E B. WALER Printed Name

tary Public

on this k



Sworn to and subscribed before me

day of SEPtenber



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