



# Carroll County Department of Community Development

423 College Street  
P.O. Box 338

Carrollton, GA 30117  
(770) 830-5861

## APPLICATION FOR REZONING

Application must be filed by noon on the 3<sup>rd</sup> Tuesday of the month to go on the next month's agenda. A pre-application conference with staff is required before the application can be submitted. Please complete the blanks with the requested information. If any of the information or required materials is missing or incomplete, the application will not be processed.

APPLICANT

Applicant Name: The Purpose Center of West Georgia Inc  
Address: 2439 S 27 Highway City: Carrollton State: GA Zip: 30117  
Phone: (770) 906-4145 Fax: ( ) - - Email: \_\_\_\_\_

Agent Name: Curtis North  
Address: 2380 E. Hwy 5 City: Carrollton State: GA Zip: 30116  
Phone: (770) 301-8045 Fax: ( ) - - Email: Curtis.north@gmail.com

Owner Name (if different from applicant): Art Garcia  
Address: P.O. Box 2088, Carrollton GA 30122  
Phone: (770) 906-4145 Fax: ( ) - -

(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)

REZONING

Project Name: 2439 S. Hwy 27  
Rezoning Location (attach location map): \_\_\_\_\_  
Current Zoning: Commercial  
Proposed Zoning: Agricultural  
Proposed Use: House & Access for living purposes  
*(If residential, the residence must be at least 1,230 square feet, or as expressly approved by the Board of Commissioners)*  
Total acreage: 4.86 plus 2.51 - Total 7.37  
Describe Proposed Rezoning: (attach additional sheets if necessary) The home has been at this location since 1938 and has always been used to house families. Owner wants to property to be agricultural

STAFF USE ONLY

Land Lot 01 of the 10 District, Carroll County Tax Map 091 Parcel 0103  
Date Application Filed: 3-24-2021 County Recipient: 091 0395  
Advertisement Date: 4-11-21 Sign Posting to before this date: 4-12-21  
Planning Commission First Reading Date: 4-27  
Planning Commission Hearing Date Scheduled: 4-27 at 6:30 p.m.  
County Commissioners Hearing Date Scheduled: 5-4-21 at 6:30 p.m.  
Rescheduled Hearing Date, if required: \_\_\_\_\_ Application No: 221-04-04  
Application Withdrawn with/without Prejudice: (please circle) \_\_\_\_\_  
Zoning Personnel: \_\_\_\_\_ Letter Sent to Applicant:  / /



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## COMPREHENSIVE PLAN

Describe how the proposed Rezoning will affect:

Traffic: No change

Parking: plenty for just a family

Availability of Public Facilities/Utilities: N/A

Other relevant Impacts of the Proposal: N/A

Describe how the proposed Rezoning will be a benefit to the public.

There will be no change. It has been used for a residence since 1938

## REZONING QUESTIONS

Please answer the following questions as completely and accurately as possible. This zoning application will be submitted for review to various departments; therefore, any incomplete answers may delay the review process. – Attach additional sheets as necessary. –

1. Has the landowner or any person undertaken or initiated any efforts to develop the property in its existing zoning classification? Please provide a complete statement of the efforts for such development?

No

2. Is development under the present zoning classification infeasible? If yes, please provide a complete statement describing why development is infeasible?

No

3. Does the applicant know of similarly situated properties, within 1/2 to 1 mile, that have been developed in a manner as proposed? If so, please list the location of the similar property with respect to the subject property.

It is just a single family home on garage with a lake.

4. Is the subject property a portion of a larger tract?  Yes  No If yes, please describe the original tract size, and what portion you are requesting to rezone:



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REZONING QUESTIONS CONTINUED

5. Are there any houses, barns, mobile homes, commercial buildings, or structures presently located on the subject property? If so, please identify the number of structures and their type:

yes - several outbuildings for storage.

6. List the type of structures you propose to construct if the subject property is re-zoned. If proposing the development of a subdivision, please describe the style, minimum square footage, proposed number of homes, number of phases, and price range of the homes:

No change

7. Please state any pertinent facts, circumstances, events, and or documents that should be considered to support a decision to rezone the property to the proposed zoning classification and use.

No longer want to pay taxes on Commercial

8. Will your proposed use add additional residents to the property? If so, how many new residents do you anticipate will eventually move onto the property? 0 How many households during the first year? 0

9. Has the applicant conducted any studies in connection with the proposed rezoning? If yes, please provide.

No

10. Please identify any public utility (including water, sewer, gas, electricity, and other public utilities) which would be required for the proposed development of the property and are not available at the time of this application.

None

11. Disclosure Requirements per O.C.G.A. Section 36-67A . Has the owner and/or the applicant (or any person or attorney representing such in the re-zoning process) made campaign contributions totaling more than \$250 to any local government official who will consider this application?  Yes  No If yes, please state the name of the official(s) and the position held by each official, and the dollar amount and description of each campaign contribution made to each official within two years preceding the filing of this application.



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## SKETCH OF PROPERTY

Please check:  COMMERCIAL  OTHER: \_\_\_\_\_

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other structures.
- Show the **dimensions** of the lot and all setbacks from the house and other structures to all property lines.
- The front setback shall always be measured from the centerline of the frontage road(s).
- Show location of any wells, trash pits, and all easements (drainage or utility) located on the property.
- Show distance to nearest stream or lake on property. If not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: 20x48 Building -

Describe the type of structure that you plan to build: (A residence must be at least 1,230 square feet unless expressly approved by the Board of Commissioners) None

Is this a multiple road frontage lot? no

# Sketch of Property

see plot - no change on Buildings or Structures



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STATE OF GEORGIA  
COUNTY OF CARROLL

## AFFIDAVIT FOR A REZONING APPLICATION

Art Garcia, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **REZONING APPLICATION** under the Ordinances of Carroll County:

*The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.*

*On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.*

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This 24<sup>th</sup> day of March, 2021.

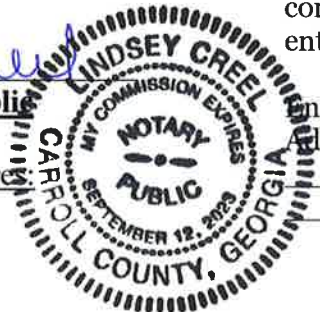
X Art Garcia  
AFFIANT (signature)

Address: 2435 S. Hwy 27  
Carrollton, GA 30117

Sworn to and subscribed  
before me this 24<sup>th</sup> day  
of March, 2021.

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

Lindsey Creel  
Notary Public



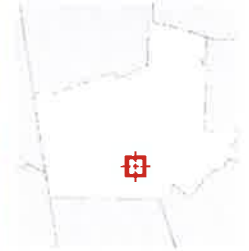
My Commission Expires  
Sept. 12, 2023

Entity: \_\_\_\_\_  
Address: \_\_\_\_\_





Overview



Legend

-  Parcels
-  Roads

Parcel ID 0910103  
 Class Code Exempt  
 Taxing District COUNTY  
 Acres 4.86

Owner THE PURPOSE CENTER OF WEST GEORGIA  
 INC  
 P O BOX 2088  
 CARROLLTON, GA 30112  
 Physical Address 2439 S 27 HWY  
 Assessed Value Value \$158407

| Last 2 Sales |       |        |      |
|--------------|-------|--------|------|
| Date         | Price | Reason | Qual |
| 4/11/2016    | 0     | QC     | U    |
| 3/1/2011     | 0     | LA     | U    |

(Note: Not to be used on legal documents)

Date created: 4/12/2021  
 Last Data Uploaded: 4/9/2021 6:21:30 PM

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