



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 3rd 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: DAVID M. WILSON
Address: 1024 Hwy 27 S. **City:** ROOPVILLE **State:** GA **Zip:** 30170
Phone: (770) 315-8324 **Fax:** () - **Email:** SPW1950@GMAIL.COM

Agent Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: () - **Fax:** () - **Email:** _____

Owner Name (If different from applicant): D+S FAMILY TRUST
Address: 1024 Hwy 27 S. ROOPVILLE GA. 30170
Phone: (770) 315-8324 **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: _____
Rezoning Location (attach location map): Hwy 27 S
Current Zoning: HDDR
Proposed Zoning: Agricultural
Proposed Use: AGRICULTURAL
(If residential, the residence must be at least 1,230 square feet, or as expressly approved by the Board of Commissioners)
Total acreage: 3.25
Describe Proposed Rezoning: (attach additional sheets if necessary) _____

STAFF USE ONLY

Land Lot 107 of the 11th District, Carroll County Tax Map 084 .P: _____
 Date Application Filed: 12/28/20 County Recipient: jen
 Advertisement Date: 1-8-21 Sign Posting to before this date: 1-11-21
 Planning Commission First Reading Date: 1-26-21
 Planning Commission Hearing Date Scheduled: 1-26-21 at 6:30 p.m.
 County Commissioners Hearing Date Scheduled: 2-2-21 at 6:30 p.m.
 Rescheduled Hearing Date, if required: _____ Application No: _____
 Application Withdrawn with/without Prejudice: *(please circle)*
 Zoning Personnel: _____ Letter Sent to Applicant: / /

0.15
2.71
2.39

0024
0003
0004



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COMPREHENSIVE PLAN

Describe how the proposed Rezoning will affect:

Traffic: _____

Parking: _____

Availability of Public Facilities/Utilities: _____

Other relevant Impacts of the Proposal: _____

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

NONE

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. –

REZONING QUESTIONS

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.

NO

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:

NO

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:

NONE

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.

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? NO How many households during the first year? _____

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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STATE OF GEORGIA
COUNTY OF CARROLL



AFFIDAVIT FOR A REZONING APPLICATION

_____, 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 28 day of DEC., 2020.

AFFIANT (signature)

Address: _____

Sworn to and subscribed
before me this 28th day
of Dec, 2020.



My Commission Expires: _____

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

Entity: _____
Address: _____



Overview



Legend

-  Parcels
-  Parcel Numbers
-  Roads

Parcel ID	084 0004	Owner	D & S WISON FAMILY TRUST	Last 2 Sales			
Class Code	Commercial		DATED JULY 27, 2012	Date	Price	Reason	Qual
Taxing District	COUNTY		WILSON DAVID M & SHEILA P TRUSTEES	7/1/2019	0	LA	U
Acres	0.39		1024 HWY 27 S	7/1/2019	0	LA	U
			ROOPVILLE, GA 30170				
		Physical Address	1000 S 27 HWY				
		Assessed Value	Value \$4875				

(Note: Not to be used on legal documents)

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