



City of Dallas

Requirements for Completing Rezoning, Land Use Permits, Special Use Permits and Medical Hardship Applications

Completed application must be submitted, in person, to City Manager, or his designee, at City Hall, located at 129 E. Memorial Drive, Dallas, Georgia.

Applications are accepted daily from 8:30 a.m. until 4:30 p.m.

Applications will be time/date stamped. A copy of the accepted application and receipt for payment of fees will be given to the applicant as proof of the acceptance of the application.

1. Completed application with notarized signatures of applicant(s), titleholder(s) and representative(s). Each applicant and titleholder must submit an application with original signature(s) and notarization.
2. Two (2) copies of the boundary survey prepared by a registered surveyor, drawn to scale, showing north arrow, land lot and district, dimensions, acreage, relationship to adjoining properties, public facilities and services, and location of the tract. The preparing surveyor's seal shall be affixed to the plat and signed. All copies shall be to scale, and separately and individually folded to 8½" x 11". Boundary survey acreage must match application and legal description acreage, exactly.
3. Twenty (20) copies of a site plan must be easily legible, drawn to scale, prepared, signed and sealed by an engineer and/or a registered surveyor, clearly depicting the requested rezoning, land use permit, special use permit or medical hardship (see attached site plan requirement sheet for additional requirements). All copies shall be to scale, and separately and individually folded to 8½" x 11".
4. Provide one (1) copy of an 8½" x 11" site plan. (May be reduced scale)
5. A current legal description, including acreage, of the subject property. If the application consists of several tracts, a legal description of each tract is required. A separate legal description of each zoning classification is also required, as well as an overall description of all tracts and/or classifications combined. No legal description should include more property than what has been requested for rezoning, land use permit, special use permit or medical hardship.
6. If the request is for a lot within a subdivision, a copy of the signed and recorded final plat must be submitted.
7. A copy of the warranty deed that reflects the current owner(s) of the property.
8. The applicant must furnish, in list form, the names, mailing address, and tax parcel ID number of all adjoining property owners, including the property owners across the road and to the rear, or any persons located along a joint access easement. It is the sole responsibility of the applicant to provide correct current information, and the applicant acknowledges that the data provided by the Tax Assessor's Office may not be current or correct. Failure, by the applicant, to provide correct information may result in the application being declared void.
9. Documentation from the Tax Commissioner that the tax levied against the property has been paid and is current.
10. A notarized Campaign Contribution form and Property/Financial Disclosure Report for each applicant and each representative.

11. A "Letter of Intent" clearly stating the reason(s) for rezoning, describing exactly what will be done on the site, hours of operation, etc., should be submitted by the Applicant(s)/Representative along with the application.
12. An original, notarized doctor's certificate stating the name of the person, a description of the physical condition, an explanation of why the person needs to live in close proximity to receive care, and any other supporting evidence, must be provided with an application for a medical hardship.
13. The filing fee shall be paid at the time of filing and is non-refundable.
14. The City Manager or his representative, the Dallas Planning Commission, and the Mayor and City Council may request additional information.
15. Applicant(s)/Representative(s) acknowledge and accept all responsibility for completeness of the application, as presented. If, upon further review by the City Manager or his representative, any information is lacking, unclear, or deemed incomplete, Applicant(s)/Representative(s) understand the application will not be placed on the agenda until such information is addressed and provided.

Applicant or representative must be present at the public hearings before the Dallas Planning Commission and the Mayor and City Council.

Failure to attend may result in dismissal with prejudice, rejection of the application, or continuance of the hearing at the Commission or Council's sole discretion.

I have investigated the site as to the existence of archeological and/or architectural landmarks. I hereby certify there are / are not (cross out one) any such assets. If any exist, documentation must be provided with the application.

I have investigated the site as to the existence of any cemetery located on the property. I hereby certify there is / is not (cross out one) such a cemetery. If any exist, documentation must be provided with the application, including notice to the Paulding County Cemetery Commission.

Signature of Applicant/Representative

Date

Printed Name of Applicant/Representative

Signed, sealed and delivered in the presence of:

Notary Public Signature

Commission Expiration

Each Applicant and each Representative must submit a completed, signed, and notarized requirement sheet.
Revised 12/12/2014



CITY OF DALLAS REZONING APPLICATION SITE PLAN REQUIREMENTS

- Site Development Plan prepared by a Registered Surveyor, Engineer, Land Planner, or Architect (with professional seal and signature affixed) drawn to scale of the subject property.
- Scale (graphic and verbal).
- Exact size and location of all buildings, including out lots, for commercial and multi-family projects.
- Statement of proposed use of property within the requested zoning classification.
- Required and proposed setbacks and buffers.
- Parking areas, number of spaces, including access points for commercial and multi-family projects.
- Show distance from the access point(s) in both directions to all curb cuts, driveways, easements and all points of ingress/egress on both sides of the road within 500 feet of property lines.
- Current location/vicinity map.
- North arrow.
- Land Lot(s)/District(s)/Section depicted on plan and in description box.
- City and/or County boundary lines depicted on plan, if applicable.
- Bearings and distances.
- Adjoining and proposed streets (paving and right-of-way widths).
- Total acreage (must match application, legal description and survey).
- Topography depicted at a minimum of 20-foot contour intervals clearly marked and labeled.
- Show creeks, streams, lakes, etc., with required buffers (50 foot undisturbed buffer and an additional 25 foot impervious buffer, totaling 75 feet, on each side of the stream), or note if not applicable.
- Detention/Retention areas, or note if not applicable.
- Easements of any type, or note if not applicable.
- Cemeteries, Architectural or Archaeological landmarks, or note if not applicable.
- Property owners and zoning category of adjacent properties depicted on site plan.

***Applicant may be required to furnish additional material
that may aid in the understanding of the request.***

ZONING / REZONING APPLICATION

Application #2018- _____

OFFICE USE

City of Dallas, Georgia

Hearing Date: _____

Time/Date Stamp

(PLEASE PRINT OR TYPE ALL INFORMATION)

Applicant: _____ Business phone: _____ Cell: _____

Address: _____ Home phone: _____

City: _____ State: _____ Zip: _____ Fax phone: _____

E-mail address: _____

Applicant's Signature

Printed Name of Signatory

Signed, sealed and delivered in the presence of:

Notary Public

Date Notary Commission Expires

Representative: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Fax phone: _____

Representative's Signature

Printed Name of Signatory

Signed, sealed and delivered in the presence of:

Notary Public

Date Notary Commission Expires

Titleholder: _____ Business phone: _____ Home phone: _____

(Each Titleholder must have a separate, complete form with notarized signatures)

Address: _____ City: _____ State: _____ Zip: _____

Signature

Printed Name of Signatory

Signed, sealed and delivered in the presence of:

Notary Public

Date Notary Commission Expires

Property Information

Present Zoning Classification: _____ Requested Zoning Classification: _____

Total Acreage of Zoning/Rezoning Application: _____ Acreage of Titleholder: _____

Land Lot(s): _____ District(s): _____ Section(s): _____ Tax Parcel I.D. Number(s): _____

Location of Property: _____
Physical address, if available, and nearest intersections (i.e. east/west side of given road, and north/south of given road)

Detailed description of proposed development (including maximum number of lots, if residential, or number of units): _____

Filed with City Manager: _____ (Date) _____ (Signature)

City of Dallas Planning Commission Recommendation: Approve Disapprove No recommendation

Conditions, reasons, stipulations: _____

City Council Decision: Approve Approve as different classification Disapprove

Conditions, reasons, stipulations: _____

Disclosure Statement
(Required by O.C.G.A. 36-67A)



I (we), _____, do hereby certify that, to the best of my (our) knowledge, no elected official of the City of Dallas, Georgia has a property interest, a financial interest nor does any family member of an elected official of the City of Dallas, Georgia have a property interest or financial interest in this property or in this application for rezoning except as follows:

I (we), _____, do further certify that we, nor the property owner, have not contributed any monies and/or gifts totaling over \$250.00 within the last two years to any elected official of the City of Dallas, Georgia except for the following (Give the names of officials, dates and amounts of contribution):

Date

Applicant

Applicant or representative must be present at the public hearings before the Dallas Planning Commission and the Mayor and City Council. Failure to attend may result in dismissal with prejudice, rejection of the application, or continuance of the hearing at the Commission or Council's sole discretion.

I/We have investigated the site as to the existence of archeological and/or architectural landmarks. I/we hereby certify there are / are not (cross out one) any such assets. If any exist, documentation must be provided with the application.

I/We have investigated the site as to the existence of any cemetery located on the property. I/we hereby certify there is / is not (cross out one) such a cemetery. If any exist, documentation must be provided with the application, including notice to the Paulding County Cemetery Commission.

Signature of Applicant/Representative

Date

Printed Name of Applicant/Representative

Signed, sealed and delivered in the presence of:

Notary Public Signature

Commission Expiration

Signature of Applicant/Representative

Date

Printed Name of Applicant/Representative

Signed, sealed and delivered in the presence of:

Notary Public Signature

Commission Expiration

**CITY OF DALLAS
LEGAL NOTICE
ZONING / REZONING**



I / WE(Choose one), _____, HAVE APPLIED TO ZONE/REZONE A PORTION OF LAND LOT(S) _____ IN THE _____ DISTRICT AND _____ SECTION OF PAULDING COUNTY, LOCATED AT _____ WITHIN THE CITY OF DALLAS, GEORGIA, FROM A ZONING DISTRICT OF _____ TO A ZONING DISTRICT OF _____ SUBJECT TO PUBLIC HEARING TO BE HELD AT 7:00PM AT THE DALLAS CITY COUNCIL ROOM, 129 EAST MEMORIAL DRIVE, DALLAS, GEORGIA.

SAID PUBLIC HEARING WILL BE HELD ON _____ BEFORE THE CITY OF DALLAS PLANNING COMMISSION AND ON _____ BEFORE THE MAYOR AND COUNCIL OF THE CITY OF DALLAS.

THIS, THE _____ DAY OF _____, 2018.

Applicant(s) Name

For City Use

NOTICE WILL RUN WEEKS OF: _____

AND THE WEEK OF: _____

AND THE WEEK OF: _____

For City Use



CITY OF DALLAS ZONING/ REZONING REQUEST DISPOSITION FORM

A PUBLIC HEARING WAS HELD ON AN APPLICATION FOR ZONING/REZOING REQUESTED BY _____ AT THE DALLAS COUNCIL ROOM. SAID HEARING WAS HELD ON _____.

THE CITY OF DALLAS PLANNING COMMISSION RECOMMENDS TO THE DALLAS CITY COUNCIL THAT THE ABOVE APPLICATION BE:

APPROVED

DISAPPROVED

PLEASE INDICATE BELOW ANY COMMENTS, REASONS FOR DISAPPROVAL, OPPOSITION TO THE REQUEST AND/OR ANY CONDITIONS THAT SHOULD BE MADE A PART OF THE ZONING AMENDMENT.

DATE

SECRETARY TO THE PLANNING
COMMISSION

PRINTED NAME