



City of Covington

ANNEXATION APPLICATION

Date Received: _____

Received By: _____

P & D Case : _____

Invoice #: _____

PLEASE COMPLETE THE BELOW INFORMATION;

***INCOMPLETE and/or NON-LEGIBLE APPLICATIONS WILL NOT BE FORWARDED FOR BOARD REVIEW**

I. REQUIRED ITEMS:

The following items must be submitted as concurrent attachments to the application.

- Application fee in the amount of \$500.00 made payable to the City of Covington;
- One (1) original signed application;
- One copy of a legal description with metes and bounds of the property. If there are multiple properties, each property must be combined into one legal description. If the properties are not contiguous, a separate application and legal description shall be submitted for each property;
- One copy of a property survey (drawn to scale); on 11x17 paper, otherwise two (2) copies are necessary of larger than 11x17, and prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid, showing:
- One Site Plan showing proposed layout of property
- One (1) copy of a Letter of Intent describing the rationale behind the proposed rezoning and the intended timing and phasing of any development. In letter, applicant must answer how their project will impact all 12 standards
- One set of digital plans
- One (1) copy of any additional plan(s) necessary to supporting applicant's request.

This Annexation Application is made pursuant to the provisions of the Official Code of Georgia Annotated 36-36-6, Article 2, Annexation Pursuant to Application by one hundred percent (100%) of landowners.

Application is hereby made to the City of Covington, Georgia by the undersigned property owner(s) to have the following described lands annexed into the corporate limits of the City.

All that tract or parcel of and lying and being in Land Lot(s) _____ of the _____ District(s), Parcel Number(s) _____ Newton County, Georgia and being more particularly described in the attached legal description.



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CURRENT ZONING DISTRICT: _____

REQUESTED ZONING DISTRICT: _____

II. APPLICANT:

Printed Name:		
Mailing Address:	City/State	Zip
Telephone:	Email:	

II. CURRENT PROPERTY OWNER: (If different from the applicant)

Printed Name:		
Mailing Address:	City/State	Zip
Telephone:	Email:	

III. PROPERTY INFORMATION:

Property Address:	
Parcel Number(s):	Parcel Size:
Is the Future Land Use Map consistent with the proposed zoning:	

IV. THE PROPERTY OWNER(S) INTENT IS TO DEVELOP AND/OR USE THE PROPERTY AS FOLLOWS: (Attach additional description if needed)



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V. PROPERTY OWNER(S) SIGNATURE:

VI. APPLICANT SIGNATURE:

STANDARDS AND CRITERIA FOR ZONING:

Answer the following questions in relation to proposed project and attach a narrative on a separate sheet of paper, including the number, height, square footage of structures and property uses.

The City Mayor and Council recognize that the proper exercise of its zoning powers requires considering and balancing of the interests in promoting the public health, safety, morality and general welfare against the right to unrestricted use of property. To ensure a proper balancing of the aforesaid interests, the Planning Commission and the Mayor and Council in making any zoning decision including, but not limited to, amendments to the zoning ordinance, the granting of special use permits, and considering applications to rezone property, the following standards and factors should be considered:

- (1) Whether the zoning proposal will permit a use that is suitable in view of the use and development of adjacent and nearby properties;
- (2) Whether the proposal will adversely affect the existing use of adjacent or nearby properties including, but not limited to, an adverse effect on property values, and whether the change will be a deterrent to the improvement or development of adjacent properties in accordance with existing regulations;
- (3) Whether the property to be affected by the zoning proposal has a reasonable economic use as currently zoned;
- (4) Whether the zoning proposal will result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities or schools;
- (5) Whether the zoning proposal is in conformity with the policy and intent of any then-existing land use plan;
- (6) Whether there are other changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal;
- (7) The possible creation of an isolated district unrelated to adjacent and nearby districts;
- (8) Whether existing district boundaries are illogically drawn in relation to existing conditions on the property proposed for change;



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- (9) Whether past, present or future conditions would make the passage of the proposed amendment appropriate;
- (10) Whether the proposed change will create a drainage problem or seriously reduce light and air to adjacent areas;
- (11) Whether the proposed change will constitute a grant of special privilege to an individual owner as contrasted with the public welfare; and
- (12) Whether the change suggested is out of scale with the needs of the neighborhood or the local government.

AUTHORIZATION BY PROPERTY OWNER:

I swear that I am the owner of the property that is the subject matter of the attached application, as shown in the records of Newton County, Georgia.

I authorize the person named below to act in my behalf in the pursuit of this Annexation & Rezoning request.

Name of Agent: _____

Address: _____
City State Zip

Telephone Number (____) _____

Agent Signature

Signature of Owner

Personally appeared before me and swears the information contained in this authorization is true and correct to the best of his/her knowledge:

Witness

Notary Public

Date



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AUTHORIZATION OF ATTORNEY:

I swear that as an Attorney at Law, I have been retained and authorized by the Owner of property located at: _____, to file the attached Annexation & Rezoning Application.

Signature of Attorney

Printed Name: _____

Address: _____

City/State

Zip

Telephone Number: (____) _____



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OWNER'S CAMPAIGN CONTRIBUTION DISCLOSURE STATEMENT:

(To be completed by the owner of the property as it appears on Newton County Tax Records)

Owner(s): _____

Address: _____

City/State Zip

Telephone Number: _____

_____ No, I have not made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to a local government official of the City of Covington, Georgia and

_____ I have not made campaign contributions or given gifts of any kind since the filing of this application.

_____ Yes, I have made, within two (2) years immediately preceding the filing of this application, campaign contributions or gifts of \$250.00 or more to a local government official of the City of Covington, Georgia.

_____ I have made campaign contributions and/or given gifts since the filing of the application.

(If yes, give the name and official position of the local government official to whom the campaign contribution was made, 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 and any contributions made since the filing of this application and the date each contribution was made.)

Owner's Printed Name: _____

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

Owner's Signature: _____ Date: _____

Notary's Printed Name: _____ Date: _____

Notary's Signature: _____ Expiration of Term: _____



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FINANCIAL DISCLOSURE STATEMENT:

Property Owner:

Does any member of the Mayor and Council or Covington Planning Commission have a property interest (direct or indirect, including any percentage of ownership less than total) in the subject property? Yes ___ No ___. If yes, please explain:

Does any member of the Mayor and Council or Covington Planning Commission have a financial interest (direct ownership interest of the assets or capital stock where such financial interest is ten percent (10%) or more) of a corporation, partnership, limited partnership, firm, enterprise, franchise, association, or trust, or have a property interest (direct or indirect ownership, including any percentage of ownership less than total) upon the subject property? Yes ___ No ___. If yes, describe the nature and extent of such interest:

Does any member of the Mayor and Council or Covington Planning Commission have a spouse, mother, father, brother, sister, son, or daughter who has a property interest as described above?

Yes ___ No ___. If yes, please describe the relationship and the nature and extent of such interest:

I do hereby certify that the foregoing information is true and correct, this _____ day of _____, 20 ____

Signature of Applicant

If any question above is answered "yes", then the member of the Mayor and Council, Board or Commission shall immediately disclose the nature and extent of such interest, in writing, to the Planning and Zoning Director. Also, a copy should be filed with the application. Such disclosures shall be public record and made available for public inspection during normal working hours.

Applicant means any person who applies for an appeal action and any attorney, or other person representing or acting on behalf of the person who applies for this decision.



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DEVELOPMENT OF REGIONAL IMPACT:

Development of Regional Impact (DRI): **IF** your application meets the following criteria, you must complete the following DRI Review Application. To determine if this is needed, please review the following:

1. Office proposals in excess of 400,000 gross square feet;
2. Commercial proposals in excess of 300,000 gross square feet;
3. Hospital proposals in excess of 300 new beds;
4. Housing proposals in excess of 400 new lots or units;
5. Hotel proposals in excess of 400 rooms;
6. Industrial proposals in excess of 400 acres, or employing over 1,600 people or using over 500,000 gross square feet;
7. Mixed use proposals in excess of 400,000 gross square feet, or covering more than 120 acres, or if any of the individual uses meets or exceeds a separate threshold;
8. Wholesale & Distribution greater than 500,000 gross square feet

Authorization to Inspect Premises: I hereby authorize the staff of the Building and Zoning Office to inspect the premises which are the subject of this rezoning application.

Signature of Applicant

Applicant's name (please print)

Who on oath deposes and says that the above is true to the best of his or her knowledge and belief.

Notary Public

Date



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DESCRIBE SCALE OF PROPOSED DEVELOPMENT:

<u>USE</u>	<u>NUMBER OF STRUCTURES</u>	<u>HEIGHT</u>	<u>ACREAGE</u>	<u>SQUARE FEET OF ROOMS/UNITS</u>	<u>NUMBER OF PARKING SPACES</u>
Office					
Commercial					
Residential					
Hospital					
Hotel					
Industrial					
Open Space					

Total: _____

SEWAGE FLOW INFORMATION:

Where will sewage from this development be treated? _____

Give the Estimation of sewage flow (Gas./Day): _____

Are there any existing capacities of collection, transmission and treatment facilities adequate to handle the current flow? Yes ___ No___ Please explain:

What are the plans for expansion of sewerage facilities?

Are these services provided by the government _____ or private developer _____

Will the drainage from the development be controlled by the government _____ or by the developer _____?

Please explain:



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TRANSPORTATION DEMAND:

What traffic demand is expected to be generated by the development?

<u>Volume of Vehicles</u>	<u>7-9 a.m. Peak Hours</u>	<u>4-6 p.m. Peak Hours</u>
Entering _____	Entering _____	Entering _____
Existing _____	Existing _____	Existing _____

Other traffic demands, if any:

Are existing transportation facilities adequate to handle demand? Yes ____ No ____

Please explain:

What plans have been implemented to improve the existing facilities? By the government ____ or by the private developer _____. Please explain:

Is public transportation currently serving the site? Yes ____ No ____.

Or, will future public transportation be expected to service the site? Yes ____ No ____.

Are there any provisions for developer sponsored measures to reduce traffic demand (i.e., staggered work hours, ride sharing, parking fees, etc.?)



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WATER DEMAND:

How will water be supplied to the development? _____

Estimated demand (gal/Day) _____

What are plans to expand water facilities? Provided by government _____, provided by private developer _____, Explain:

Other:

Is there developer sponsored measures to minimize any other negative impacts of the proposed development?

Will the proposed development displace existing uses? Yes _____, No _____, if yes, please describe uses to be displaced (square footage of building, units, etc. _____)

Site Plan:

Please attach a site plan showing location, of proposed buildings, traffic ingress and egress points, phasing, location of parking facilities and drainage control.