

# CITY OF ALPHARETTA

## PUBLIC HEARING APPLICATION

FOR OFFICE USE ONLY

Case #: \_\_\_\_\_

PH #: \_\_\_\_\_

Property Taxes & Code Violations Verified

Fee Paid Initial: \_\_\_\_\_

COMMUNITY DEVELOPMENT DEPARTMENT

2 PARK PLAZA

ALPHARETTA, GA 30009

1. This page should be the first page in each of your completed application packets.
2. It is preferred that all responses be typed. Illegible applications will not be accepted.
3. Prior to signing and submitting your application, please check all information supplied on the following pages to ensure that all responses are complete and accurate. Incomplete applications will not be accepted.
4. Payment of all applicable fees must be made at the time of application. Payment may be made via cash, credit card (American Express, Master Card or Visa), or check made payable to "City of Alpharetta." Please note that a 3% convenience fee will be added to all credit card transactions.
5. Applications will be accepted on the designated submittal dates between the hours of 8:30 AM and 3:30 PM.
6. If you have any questions regarding this form, please contact the Community Development Department by calling 678-297-6070.

### Contact Information:

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### Subject Property Information:

Address: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

District: \_\_\_\_\_ Section: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Current Use: \_\_\_\_\_

### This Application For (Check All That Apply):

Conditional Use  Master Plan Amendment  Comprehensive Plan Amendment

Rezoning  Master Plan Review

Variance  Public Hearing

Exception  Other (Specify): \_\_\_\_\_

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# APPLICANT REQUEST AND INTENT

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What is the proposed use(s) of the property?

Applicant's Request (Please itemize the proposal):

Applicant's Intent *(Please describe what the proposal would facilitate).*

# PROPERTY OWNER AUTHORIZATION

## Property Owner Information:

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

## Authorization:

*I do solemnly swear and attest, subject to criminal penalties for false swearing, that I am the legal owner, as reflected in the records of Fulton County, Georgia, of the property identified below, which is the subject of the attached Application for Public Hearing before the City of Alpharetta, Georgia.*

*As the legal owner of record of the subject property, I hereby authorize the individual named below to act as the applicant in the pursuit of the Application for Public Hearing in request of the items indicated below.*

- |   |  |
|---|--|
| <input type="checkbox"/> Annexation           | <input type="checkbox"/> Special Use     |
| <input type="checkbox"/> Rezoning             | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Variance             | <input type="checkbox"/> Master Plan     |
| <input type="checkbox"/> Land Use Application | <input type="checkbox"/> Other           |

## **Property Owner's Authorized Applicant (if applicable):**

Name of Authorized Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

## **So Sworn and Attested:**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Notary:**

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# DISCLOSURE FORM

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*The Official Code of Georgia Annotated requires disclosure of campaign contributions to government officials by an applicant or opponent of a rezoning or public hearing petition (O.C.G.A. 36-67 A-1).*

*Applicants must file this form with the City of Alpharetta Community Development Department within ten (10) days after filing for rezoning or public hearing. Opponents to a rezoning or public hearing petition must file this form five (5) days prior to the Planning Commission meeting at which the subject rezoning or public hearing petition is scheduled to be heard.*

Name of Applicant or Opponent: \_\_\_\_\_

Subject Public Hearing Case: \_\_\_\_\_

## **Campaign Contribution Information:**

Please provide the requested information for each contribution with a dollar amount or value of \$250 or more made within the past two (2) years to an Alpharetta Official by the individual identified above. Please use a separate form for each Alpharetta Official to whom such a contribution as been made.

If the individual identified above has made no such contributions to an Alpharetta Official within the past two (2) years, please indicate this by entering "N/A" on the appropriate lines below.

Name of Official: \_\_\_\_\_ Position: \_\_\_\_\_

Description of Contribution: \_\_\_\_\_ Value: \_\_\_\_\_

Description of Contribution: \_\_\_\_\_ Value: \_\_\_\_\_

Description of Contribution: \_\_\_\_\_ Value: \_\_\_\_\_

Description of Contribution: \_\_\_\_\_ Value: \_\_\_\_\_

Description of Contribution: \_\_\_\_\_ Value: \_\_\_\_\_

## **Campaign Contribution Information:**

*I do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Disclosure Form is true and accurate and that I have disclosed herein any and all campaign contributions made to an Official of the City of Alpharetta, Georgia in accordance with O.C.G.A. 36-67 A-1.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# ALPHARETTA PLANNING COMMISSION REVIEW CRITERIA

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How will this proposal be compatible with surrounding properties?

How will this proposal affect the use and value of the surrounding properties?

Can the property be developed for a reasonable economic use as currently zoned? Please explain why or why not.

What would be the increase to population and traffic if the proposal were approved?

What would be the impact to schools and utilities if the proposal were approved?

How is the proposal consistent with the Alpharetta Comprehensive Plan; particularly the Future Land Use Map?

Are there existing or changing conditions which affect the development of the property and support the proposed request?

On a separate sheet or sheets, please provide any information or evidence that supports your request and the statements that you have provided in this application.

# CITIZEN PARTICIPATION FORM - PART A

*This form must be completed and submitted with the applicant's completed Public Hearing Application. Applications submitted to the City of Alpharetta without a completed Citizen Participation Form - Part A will not be accepted.*

Public Hearing or Project Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*The following people will be notified of this application and provided information describing the subject proposal. Please note that ALL adjoining property owners MUST be notified. Use additional pages as needed.*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Method by which these individuals will be contacted. Please mark all that apply. *If you select "Other," please provide a description of the method of contact that will be used.*

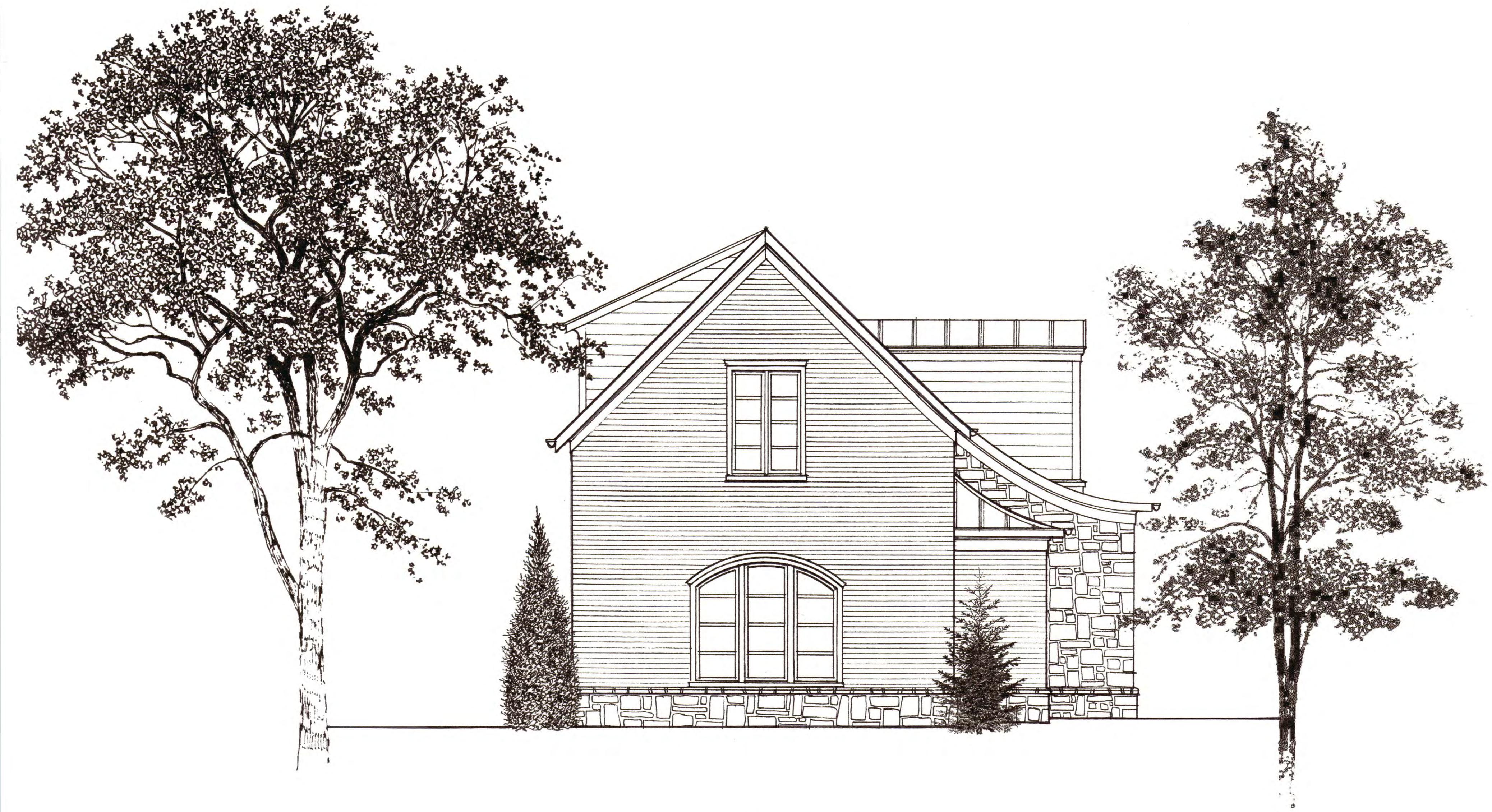
- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Letter    | <input type="checkbox"/> Personal Visits               |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Group Meeting                 |
| <input type="checkbox"/> Email     | <input type="checkbox"/> Other <i>(Please Specify)</i> |

Please describe the method(s) by which these individuals will have the opportunity to respond or contact the applicant with questions or concerns about the proposal.









Preliminary Front Elevation

Approximate Scale: 1/4" = 1'-0"

# WEXLER DETACHED GARAGE

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Preliminary Plans are subject to slight adjustments during the preparation of the Construction Drawings, which will show the actual dimensions and plan information. These drawings are not released to be used as Construction Drawings.

678-366-5880

[www.BryanPlans.com](http://www.BryanPlans.com)

TIMOTHY *B*RYAN, LLC  
RESIDENTIAL PLANNING COMPANY

09-10-2024





Preliminary Right Elevation

Approximate Scale: 1/4" = 1'-0"

# WEXLER DETACHED GARAGE

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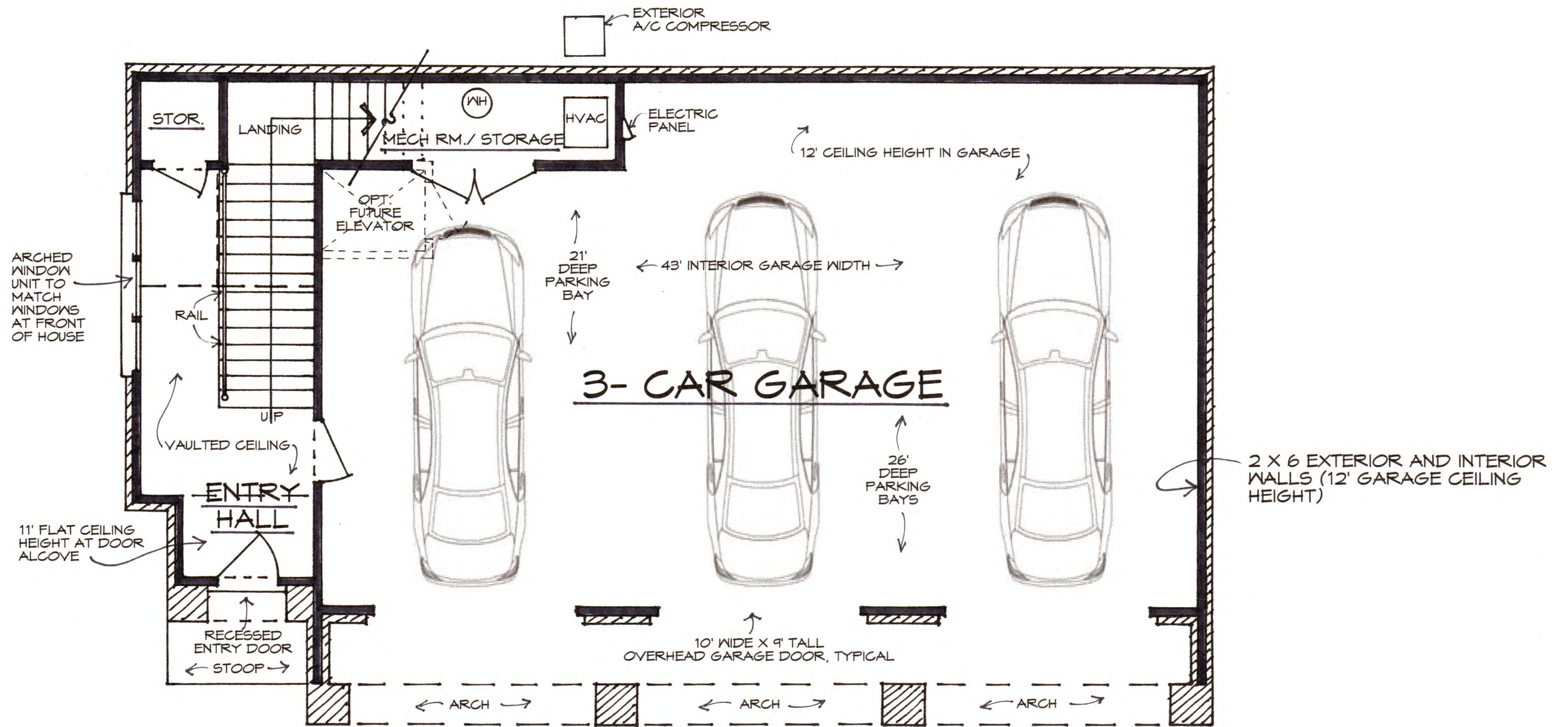
678-366-5880

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09-10-2024





**Preliminary First Floor Plan**

Approximate Scale: 1/4" = 1'-0"

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678-366-5880

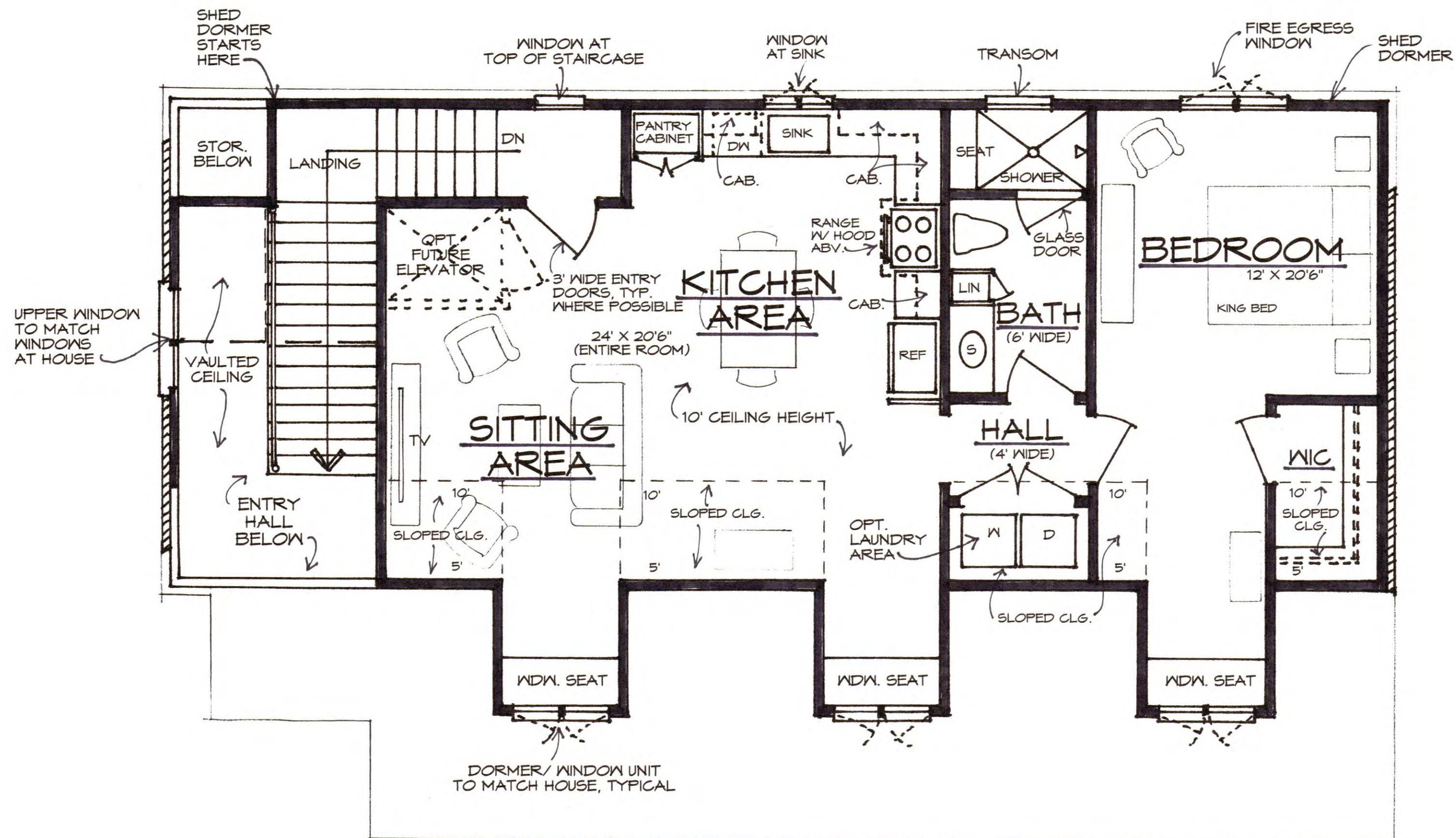
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09-10-2024





**Preliminary Second Floor Plan**

Approximate Scale: 1/4" = 1'-0"

# WEXLER DETACHED GARAGE

Future Apartment = 1,185 Sq.Ft. (Includes Apartment, Staircase, Lower Entry Hall)

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