

**City of Sugar Hill**  
**Design Review Application**

The following items are necessary in order to process an application for design review in the Town Center Overlay or Central Business District. Once a Certificate of Design Review application is determined complete and is accepted by the Planning Director, it shall be forwarded to the Mayor and City Council for consideration at its next scheduled meeting as appropriate. **A pre-application meeting is required to review all of your materials prior to submittal. See Application Deadline and Hearing Schedule Attached**

**1. APPLICATION FORM**

- a. Answer all questions.
- b. Applicant and property owner must sign application.
- c. In addition to the application the following must be attached;
  - aa. Letter of Intent
  - bb. Elevation Drawings
  - cc. Photographs
  - dd. Site Plan / Landscaping Plan
  - ee. Adjoining Property Owners
- d. One paper copy of the application packet filled out in full is required. Any plans submitted exceeding 11" x 17" must be submitted digitally via PDF in addition to physical copies.

**2. APPLICATION FEE Please make checks payable to: **CITY OF SUGAR HILL****

- a. Town Center Overlay Review **\$0**
- b. Central Business District Review **\$0**

**3. LETTER OF INTENT**

The letter of intent must describe the proposed changes in exterior appearance of the building(s), structure(s) or development activity. Refer to Sections 1001 and 1002 of the City of Sugar Hill Zoning Ordinance for the relevant criteria considered during the review process.

**4. APPLICATION ATTACHMENTS**

All applications for design review approval shall be made as required by the City Manager and shall at minimum contain the following information:

Elevation Drawings, Color and Material Samples. Every application or review involving the construction of a new building or structure, alterations, and/or additions to existing structures shall be accompanied by exterior elevation color renderings, drawn to scale and signed by an architect, engineer or other appropriate professional. These shall be submitted in sufficient number of copies as required by the Planning Director. Said exterior elevation color renderings shall clearly show in sufficient detail the exterior appearance and architectural design of proposed change(s) to buildings or structures and new construction, as applicable. Each application shall also indicate proposed materials, textures and colors, and provide samples of materials and colors.

Photographs. All applications shall be accompanied by photographs of all sides of the existing building(s) or structure(s) affected, and of adjoining properties. Photographs shall be submitted in printed copy and in digital form unless otherwise specified by the Planning Director.

Site Plan and Landscaping Plan. For every application, a plot plan or site plan, drawn to scale, shall be submitted which shows all improvements affecting appearances, such as walls, walks, terraces, plantings, tree protection areas, accessory buildings, signs, lights, and other elements.

Additional Information. The City Manager may reasonably require any additional information to be submitted with the application.

**5. MEETINGS**

Please refer to the attached Hearing Schedule for application deadlines of **completed applications**, and hearing dates.

**6. ADJOINING PROPERTY OWNERS** Printed in list form of the names, addresses, map reference numbers, and zoning classification of **all** adjoining property owners of record **must** be attached based upon current month available tax records at Gwinnett County. All adjoining properties include **both** sides of the road. A typed set of labels are required to be submitted with the list preferably in Avery 5160 format. Labels are required to be emailed in the Avery 5160 Format to [nklein@cityofsugarhill.com](mailto:nklein@cityofsugarhill.com).

**DESIGN REVIEW APPLICATION**

\_\_\_\_\_ **Town Center Overlay**      \_\_\_\_\_ **Central Business District**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**If multiple property owners, all property owners must fill out separate applications.**

**PROPERTY INFORMATION**

Parcel Number: \_\_\_\_\_

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

Present Zoning: \_\_\_\_\_ Acreage: \_\_\_\_\_

REQUEST, please give a brief description of the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF APPLICANT      DATE      SIGNATURE OF PROPERTY OWNER      DATE

**CONFLICT OF INTEREST CERTIFICATION**

The undersigned below, making application for a Variance has complied with the O.C.G.A. § 36-67A, et. Seq., Conflict of Interest in Zoning Actions and has submitted or attached the required information on the forms provided. Title 36 relates to disclosure of financial interest, campaign contributions, and penalties for violating O.C.G.A.

_____	____/____/____	_____	____/____/____
Signature of Applicant	Date	Signature of Applicant's Attorney	Date
_____		_____	
Type or Print Name and Title		Type or Print Name and Title	
_____	____/____/____	_____	____/____/____
Signature of Notary Public	Date	Signature of Notary Public	Date

**DISCLOSURE STATEMENT**

Nothing in Chapter 36 of O.C.G.A. shall be construed to prohibit a local government official from voting on a zoning decision when the local government is adopting a zoning ordinance for the first time or when a local government is voting upon a revision of the zoning ordinance initiated by the local government pursuant to a comprehensive plan as defined in Chapter 70 of this title.

- No, I have not made any campaign contribution to City Officials voting on this application exceeding \$250.00 in the past two years.
- Yes, I have made campaign contributions to City Officials voting on this application exceeding \$250.00 in the past two years.

To Whom: \_\_\_\_\_ Value of Contribution: \_\_\_\_\_ Date of Contribution: \_\_\_\_\_

I have read and understand the above and hereby agree to all that is required by me as the applicant.

_____	____/____/____	_____
Signature of Applicant	Date	Applicant Type or Print Name

Personally appeared before me who on oath disposes and says that the above is true and to the best of his or her knowledge and belief.

_____	____/____/____	(NOTARY SEAL)
Notary Public Signature	Date	

**AUTHORIZATION BY PROPERTY OWNER**

I, \_\_\_\_\_, being duly sworn upon his/her oath, being of sound mind and legal age deposes and states; that he/she is the owner of the property which is the subject matter of the attached applications, as is shown in the records of City of Sugar Hill, Sugar Hill, Georgia.

He/She authorizes the person named below to act as applicant in the pursuit of a Variance of this property.

I hereby authorize staff of the City of Sugar Hill, Department of Planning and Development to inspect the premises, which is the subject of this application.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF APPLICANT      DATE      SIGNATURE OF PROPERTY OWNER      DATE

\_\_\_\_\_  
APPLICANT TYPE OR PRINT      PROPERTY OWNER TYPE OR PRINT

Personally appeared before me who on oath disposes and says that the above is true and to the best of his or her knowledge and belief.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Notary Public Signature      Date      (NOTARY SEAL)

**VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR APPLICATION**

The undersigned below is authorized to make this application. The undersigned certifies that all the City of Sugar Hill property taxes, billed to date for the parcel listed below have been paid in full. In no case shall an application or reapplication for rezoning/variance be processed without such property verification.

**\*NOTE: A separate verification for must be completed for each tax parcel included in the Variance request.**

**Tax Parcel Number:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF APPLICANT      DATE      TYPE OR PRINT NAME