

MEDICAL HARDSHIP APPLICATION



Paulding County Community Development Department Planning & Zoning Division

Watson Government Complex
Administration Building – 2nd Floor
240 Constitution Blvd
Dallas, GA 30157
770-443-7601

ONLY COMPLETE APPLICATIONS ACCEPTED

Pre-Application meetings will be required prior to the submittal for **ALL** Medical Hardship applications:

A pre-application meeting may be scheduled by emailing a site plan of the project to zoning@paulding.gov. Meetings should be scheduled no later than the first Friday of each month in order to be submitted by the last filing day of that month.

APPLICATION FORM (PLEASE TYPE)

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name of Authorized Agent _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name(s) of Titleholder(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Present Zoning District(s) _____ Requested Zoning District _____ Acreage _____

Future Development Map Designation _____

Tax Parcel I.D. Number(s) _____

Land Lot(s) _____ District(s) _____ Section(s) _____

Location of property _____

Description of Medical Hardship _____

REQUIREMENTS FOR COMPLETING MEDICAL HARDSHIP APPLICATIONS

Applications and related material shall be submitted and **typewritten** on supplied forms to the Community Development Department, Planning & Zoning Division, located at the Watson Government Complex, Administration Building, 2nd Floor, 240 Constitution Blvd, Dallas, Georgia. Applications are accepted Monday through Friday from 8:30 AM until 3:30 PM. Applications will not be accepted after 10:00 AM on the last filing day established by the Division.

- ☐ A completed **application form** signed by the owner and the applicant (if applicable)
- ☐ If the **titleholder(s)** is a domestic or foreign corporation, then the following documentation shall also be required:

Written authentication with the presence of the corporate seal, or a facsimile thereof, attested by the secretary or assistant secretary of the corporation, or other officer to whom the bylaws or the directors have delegated the responsibility for authenticating records of the corporation, shall attest:

- a) That the corporate seal or facsimile thereof affixed to the document is in fact the seal of the corporation or true facsimile thereof, as the case may be;
- b) That any officer of the corporation executing the document does in fact occupy the official position indicated, that one in such position is duly authorized to execute such document on behalf of the corporation, and that the signature of such officer subscribed thereto is genuine; and
- c) That the execution of the document on behalf of the corporation has been duly authorized.

- ☐ A copy of the **recorded warranty deed** that reflects the current owner(s) of the property.
- ☐ Documentation from the **Tax Commissioner** that the tax levied against the property has been paid and are current.
- ☐ 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 the Rezoning.
- ☐ One copy, including an electronic copy, of a **boundary survey** prepared by a Registered Surveyor, drawn to scale, showing north arrow, land lot and district/section, dimensions, acreage and location of the tract. The preparer's seal shall be affixed to the plat signed and dated. **Boundary survey acreage shall match application and legal description acreage exactly.**
- ☐ The names, mailing addresses and tax parcel ID number of all **adjoining property owners**, including the owners across the road, railroad, and to the rear, or any persons located along a joint access easement.
- ☐ **Notarized** Campaign Contribution forms and Property/Financial Disclosure Report for each applicant and each authorized agent (see attached).

- ☐ An original, notarized doctor's certificate stating the name of the person with the medical hardship, a description of the physical condition, and explanation of why the person needs to live in close proximity to receive care, and any other evidence to support the medical hardship application.
- ☐ The filing fee is an amount set by the Paulding County Board of Commissioners and shall be paid at the time of filing. **This fee is non-refundable after the commencement of legal advertising** (See attached).
- ☐ Such other additional information as may be requested by the Planning & Zoning Division, Planning Commission, or City Council.

****Staff Use Only****

Case # _____	Hearing Date _____
<u>Planning Commission Recommendation:</u>	<u>Board of Commissioners Decision:</u>
Approved _____ Stipulations _____	Approved _____ Date _____
Disapproved _____ Reason _____	Disapproved _____ Date _____
Tabled _____ Reason _____	Tabled _____ Date _____

MAKE CHECKS PAYABLE TO THE PAULDING COUNTY BOARD OF COMMISSIONERS

SITE PLAN REQUIREMENTS (24" x 36" size preferred) *

- ☐ Site Development Plan prepared by a Registered Surveyor, Engineer, Land Planner, or Architect (with professional seal affixed and signed) drawn to scale of the subject property
- ☐ Scale (graphic and verbal)
- ☐ Exact size and location of all buildings (showing intended use), including out lots, for commercial and multi-family projects
- ☐ Name, address and phone number of the Applicant and/or Developer
- ☐ State proposed use of property(s) within the requested zoning classification
- ☐ Required and proposed setbacks and buffers
- ☐ Parking areas, number of spaces, including access points and ADA requirements
- ☐ 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 Lots/District/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 two-foot contour intervals clearly marked and labeled with source provided
- ☐ Show creeks, streams, lakes etc. with required bank buffers (50 foot undisturbed buffer and an additional 25 foot impervious buffer (total of 75 feet) on each side of stream banks) or note if not applicable.
- ☐ Identify flood plain and floodway area and note flood plain elevation
- ☐ Must reference most current FIRM panel numbers (<https://www.georgiadfirm.com> or <https://msc.fema.gov/portal/home>) and show limits of the 100-year flood plain and floodway and acreage of flood plain or floodway within property limits or note if not applicable
- ☐ Detention/Retention/Water Quality areas or note if not applicable
- ☐ Easements of any type; or note if not applicable
- ☐ Utility easements or note if not applicable.
- ☐ Cemeteries, Architectural, or Archeological landmarks, or note if not applicable
- ☐ Names and addresses of adjacent property owners (all adjoining property owners, including the owners across the road and to the rear, or any persons located along a joint access easement)
- ☐ Zoning category of adjacent properties depicted on site plan
- ☐ Date of the site plan and any revision dates
- ☐ A statement as to the source of water supply and sanity sewer facilities
- ☐ Applicant may also be required to furnish additional material that may aid in the understanding of the request.

*Site plan requirements for properties requesting for Medical Hardship to be determined by staff.

AUTHORIZATION OF TITLEHOLDER

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 subject of this application, as is shown in the records of Paulding County, Georgia.

He/she authorizes the person named below to act as applicant in the pursuit of a request for Medical Hardship.

I hereby authorize the staff of Paulding County Planning & Zoning Division to inspect the premises which are subject of the application.

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name(s) of Titleholder(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature of Titleholder(s) _____

Signed, sealed and delivered in the presence of:

_____ My Commission Expires _____

Notary Public

***A SEPARATE AUTHORIZATION OF TITLEHOLDER IS REQUIRED
TO BE COMPLETED BY EACH TITLEHOLDER***

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS AND GIFTS
BY APPLICANT AND/OR AUTHORIZED AGENT

Applicant(s) Name¹: _____

Reference: Application filed on _____, 20____

to rezone real property described as follows: _____

All Individuals and business entities² have a property interest³ in said properties are as follows: _____

Has the applicant made, within two years immediately preceding the filing of this application for rezoning, campaign contributions aggregating \$250 or more, or made gifts having in the aggregate a value of \$250 or more to a member or members of the Board of Commissioners, Planning Commission or Zoning Board of Appeals (or any local government official) who will consider this applications? ☐ No ☐ Yes

If “Yes” to the above, [O.C.G.A. § 36-67A-3](#) requires applicant to file a disclosure report within 10 days after the rezoning application is filed. Please provide the following information which will be considered as the required disclosure:

Name and official position of the local government official to whom the campaign contribution/gift was made: _____

The dollar amount of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of this application and the date of each such contribution: _____

An enumeration and description of each gift having a value of \$250 or more made by the applicant to the local government official during the two years immediately preceding the filing of this application: _____

Please attach additional sheet if necessary.

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I certify that the foregoing information is true and correct, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Signature \_\_\_\_\_

Signed, sealed and delivered in the presence of:

\_\_\_\_\_ My Commission Expires \_\_\_\_\_  
Notary Public

**Paulding County Community Development cannot advise anyone on how to complete this form.  
Applicants may want to confer with an attorney for guidance.**

**\*A SEPARATE DISCLOSURE OF CAMPAIGN CONTRIBUTIONS AND GIFTS FORM IS REQUIRED BY EACH  
APPLICANT AND/OR AUTHORIZED AGENT\***

<sup>1</sup>Applicant means any person who applies for any application and any attorney or other person representing or acting on behalf of a person who applies for any application.  
<sup>2</sup>Business entity – Corporation, partnership, limited partnership, firm, enterprise, franchise, association or trust.  
<sup>3</sup>Property interest – Direct or indirect ownership, including any percentage of ownership less than total ownership.

**PROPERTY/FINANCIAL DISCLOSURE REPORT BY APPLICANT<sup>1</sup> AND/OR AUTHORIZED AGENT**

Does any member of the Board of Commissioners or Planning Commission have a property interest (direct or indirect ownership, including any percentage of ownership less than total) in the subject property? ☐ No ☐ Yes

If yes, describe the nature and extent of such interest: \_\_\_\_\_

Does any member of the Board of Commissioners or Planning Commission have a financial interest (direct ownership interests of the total assets or capital stock where such ownership interest is 10% or more) of a corporation, partnership, limited partnership, firm, enterprise, franchise, association, or trust, which has a property interest (direct or indirect ownership, including any percentage of ownership less than total) upon the subject property? ☐ No ☐ Yes

If yes, describe the nature and extent of such interest: \_\_\_\_\_

Does any member of the Board of Commissioners or Planning Commission have a spouse, mother, father, brother, sister, son or daughter who has any interest as described above? ☐ No ☐ Yes

If yes, describe the relationship and the nature and extent of such interest: \_\_\_\_\_

If the answer to any of the above is "Yes", as required by [O.C.G.A §36-67A-2](#), the member of the Board of Commissioners or Planning Commission must immediately disclose the nature and extent of such interest, in writing to the City Council of Hiram, Georgia. A copy should be filed with this application. Such disclosures shall be a public record and available for public inspection at any time during normal working hours.

I certify that the foregoing information is true and correct, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Signature \_\_\_\_\_

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**\*A SEPARATE PROPERTY/FINANCIAL DISCLOSURE REPORT IS REQUIRED TO BE COMPLETED BY EACH APPLICANT AND AUTHORIZED AGENT\***

<sup>1</sup> Applicant means any person who applies for any application and any attorney or other person representing or acting on behalf of a person who applies for any application.

## 2025 MEETING SCHEDULE

| <b>LAST FILING DAY<br/>APPLICATION MUST<br/>BE IN OFFICE<br/>BY 10:00 AM</b> | <b>POST SIGNS<br/>SIGNS MUST BE<br/>POSTED<br/>BY 8:00 AM</b> | <b>PLANNING<br/>COMMISSION PUBLIC<br/>HEARING DATE</b> | <b>BOC MEETING DATE</b>             |
|------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|
| NOVEMBER 8, 2024                                                             | DECEMBER 30, 2024                                             | JANUARY 28, 2025                                       | FEBRUARY 11, 2025                   |
| DECEMBER 13, 2024                                                            | JANUARY 27, 2025                                              | FEBRUARY 25, 2025                                      | MARCH 11, 2025                      |
| JANUARY 10, 2025                                                             | FEBRUARY 24, 2025                                             | MARCH 25, 2025                                         | APRIL 8, 2025                       |
| FEBRUARY 14, 2025                                                            | MARCH 24, 2025                                                | APRIL 22, 2025                                         | MAY 13, 2025                        |
| MARCH 14, 2025                                                               | APRIL 28, 2025                                                | MAY 27, 2025                                           | JUNE 10, 2025                       |
| APRIL 11, 2025                                                               | MAY 26, 2025                                                  | JUNE 24, 2025                                          | JULY 8, 2025                        |
| MAY 9, 2025                                                                  | JUNE 23, 2025                                                 | JULY 22, 2025                                          | AUGUST 12, 2025                     |
| JUNE 13, 2025                                                                | JULY 28, 2025                                                 | AUGUST 26, 2025                                        | SEPTEMBER 9, 2025                   |
| JULY 11, 2025                                                                | AUGUST 25, 2025                                               | SEPTEMBER 23, 2025                                     | OCTOBER 14, 2025                    |
| AUGUST 8, 2025                                                               | SEPTEMBER 29, 2025                                            | OCTOBER 28, 2025                                       | NOVEMBER 11, 2025<br>(VETERANS DAY) |
| SEPTEMBER 12, 2025                                                           | OCTOBER 20, 2025                                              | NOVEMBER 18, 2025                                      | DECEMBER 9, 2025                    |
| NOVEMBER 14, 2025                                                            | DECEMBER 29, 2025                                             | JANUARY 27, 2026                                       | FEBRUARY 10, 2026                   |