



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR STEPHENS

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS

1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
4. For each service or service component listed in Section III, complete a separate *Summary of Service Delivery Arrangements* form (page 2).
5. Complete one copy of the *Summary of Land Use Agreements* form (page 3).
6. Have the *Certifications* form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
7. Mail the completed forms along with any attachments to:

Georgia Department of Community Affairs  
 Office of Coordinated Planning  
 60 Executive Park South, N.E.  
 Atlanta, Georgia 30329

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at [www.dca.servicedelivery.org](http://www.dca.servicedelivery.org), or call the Office of Coordinated Planning at (404) 679-3114.

*Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.*

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

- Stephens County ✓
- City of Toccoa ✓
- City of Avalon ✓
- City of Martin ✓

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate *Summary of Service Delivery Arrangements* form (page 2) must be completed.

Airport, Ambulance Service, Animal Control, Building Inspection/Permits, Business Licenses, EMA/Civil Defense, Code Enforcement, D.A.R.E., Economic Development, Fire Protection, Hospital, Library, Law Enforcement, Landfill/Solid Waste, Natural Gas Distribution, Recreation, Parks, Tax Assessment, Water System, Waste Water System, Streets/Roads, Cemetery, Downtown Development, Jail, 911 Communications

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MAR 12 2007



# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: STEPHENS Service: AIRPORT

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Toccoa-Stephens County  
Airport Authority
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
City of Toccoa	General Fund
Stephens County	General Fund
T-SC Airport Authority	User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No Change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9401 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_



# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: STEPHENS COUNTY Service: AMBULANCE SERVICE

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Stephens County Hospital Authority
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
Stephens County	General Funds
SC HOSPITAL Authority	User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 No Change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Stephens County Hospital Authority	Stephens County Hospital Authority Stephens County	1963-2013

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-9491 Date completed: 12/21/09

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens County Service: Animal Control

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
City of Toccoa	General Fund
Stephens County	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Consolidation of previously separate services

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
InterGovernmental Contract	Toccoa/Stephens County	Annual

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:



# SERVICE DELIVERY STRATEGY

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County: Stephens County Service: Building Inspections/Permits

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
City of Toccoa	General Fund
Stephens County	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:





# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Stephens County Service: Business License

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) City of Toccoa
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
<u>City of Toccoa</u>	<u>General Fund</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
No Change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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County: Stephens County Service: EMA/Civil Defense

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:      Funding Method:

Stephens County	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-0491 Date completed: 12/21/08

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens County Service: Code Enforcement

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)  
City of Toccoa, Stephens County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
Stephens County	General Funds
City of Toccoa	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:





# SERVICE DELIVERY STRATEGY

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County: Stephens Service: D.A.R.E.

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
City of Toccoa	General Fund
Stephens County	General Fund
Stephens County	
Board of Education	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Economic Development

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) T-SC Industrial Development Authority
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
<u>Stephens County</u>	<u>General Funds</u>
<u>City of Toccoa</u>	<u>General Funds</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-0401 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Fire Protection

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

City of Toccoa, Stephens County

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). Overlapping, but higher levels of service

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority: Funding Method:

Stephens County	General Funds
City of Toccoa	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:



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County: Stephens Service: Hospital

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc)

Local Government or Authority:	Funding Method:
Stephens County	General Funds
SC Hospital Authority	User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-2491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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County: Stephens Service: Library

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority: Funding Method:

<u>Stephens County</u>	<u>General Funds</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-885-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_





# SERVICE DELIVERY STRATEGY

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County: Stephens Service: Law Enforcement

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
Stephens County	General Funds
City of Toccoa	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 No Change.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-9491 Date completed: May 17, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



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County: Stephens Service: Landfill/Solid Waste Collection

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)  
City of Avalon, Martin, Toccoa, Stephens County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(I)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). overlapping, but higher levels of service

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority: Funding Method:

Stephens County	General Funds; user fees
City of Toccoa	Enterprise Funds
City of Martin	Enterprise Funds
City of Avalon	Enterprise Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:



# SERVICE DELIVERY STRATEGY

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County: Stephens Service: Natural Gas Distribution

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
City of Toccoa	Enterprise Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name: NONE Contracting Parties: \_\_\_\_\_ Effective and Ending Dates: \_\_\_\_\_

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



# SERVICE DELIVERY STRATEGY

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County: Stephens Service: Recreation

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
Stephens County	General Funds; User fees
City of Toccoa	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
 no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-0401 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  
 If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY**  
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County: Stephens Service: Parks

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) City of Toccoa
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) City of Martin
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
<u>City of Toccoa</u>	<u>General Fund</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-0401 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:





**SERVICE DELIVERY STRATEGY  
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County: Stephens Service: Tax Assessment

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
<u>Stephens County</u>	<u>General Funds</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:



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County: Stephens Service: Water System

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority: Funding Method:

City of Toccoa	Enterprise Funds
City of Martin	Enterprise Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

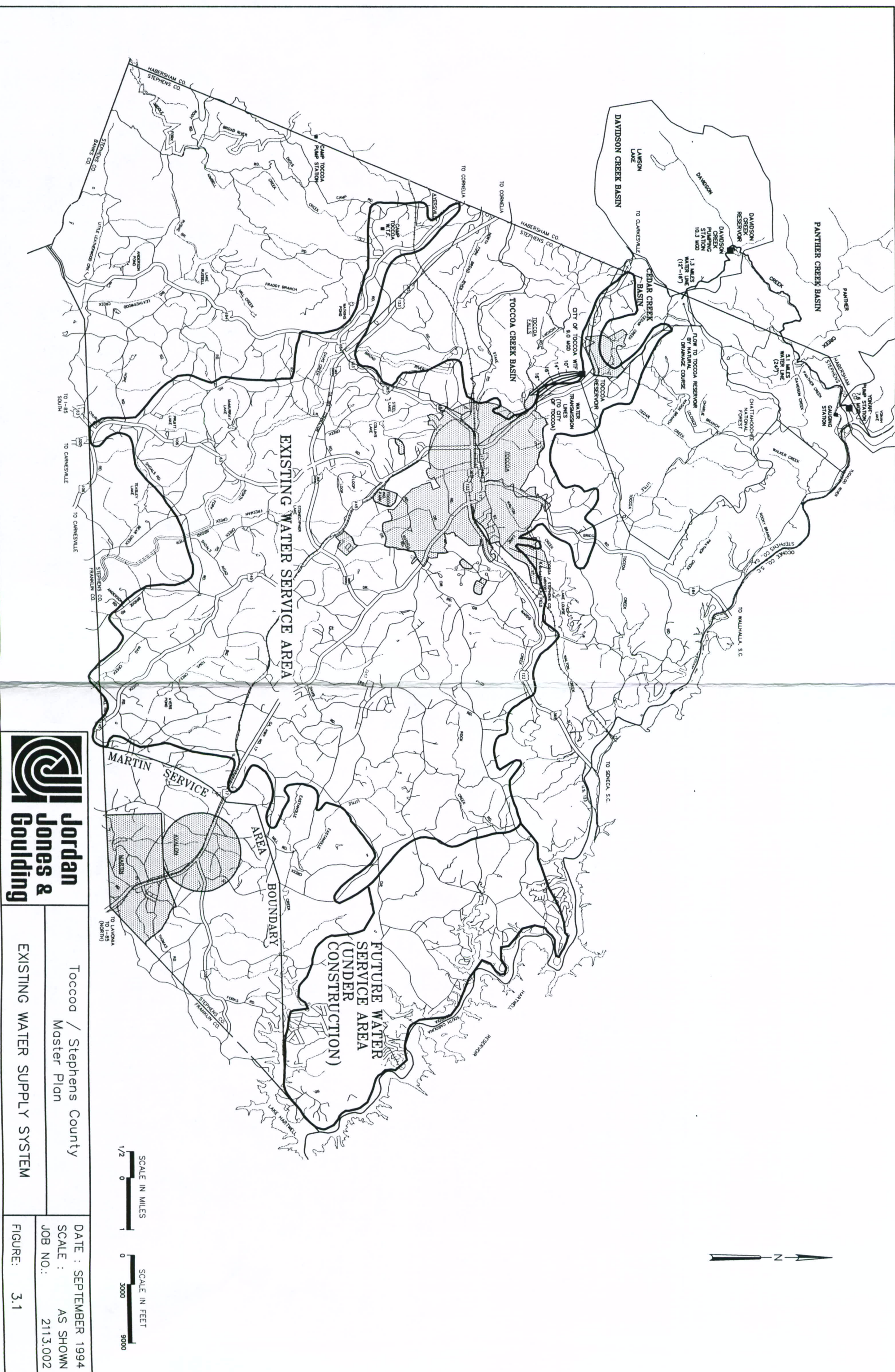
Phone number: 705-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_





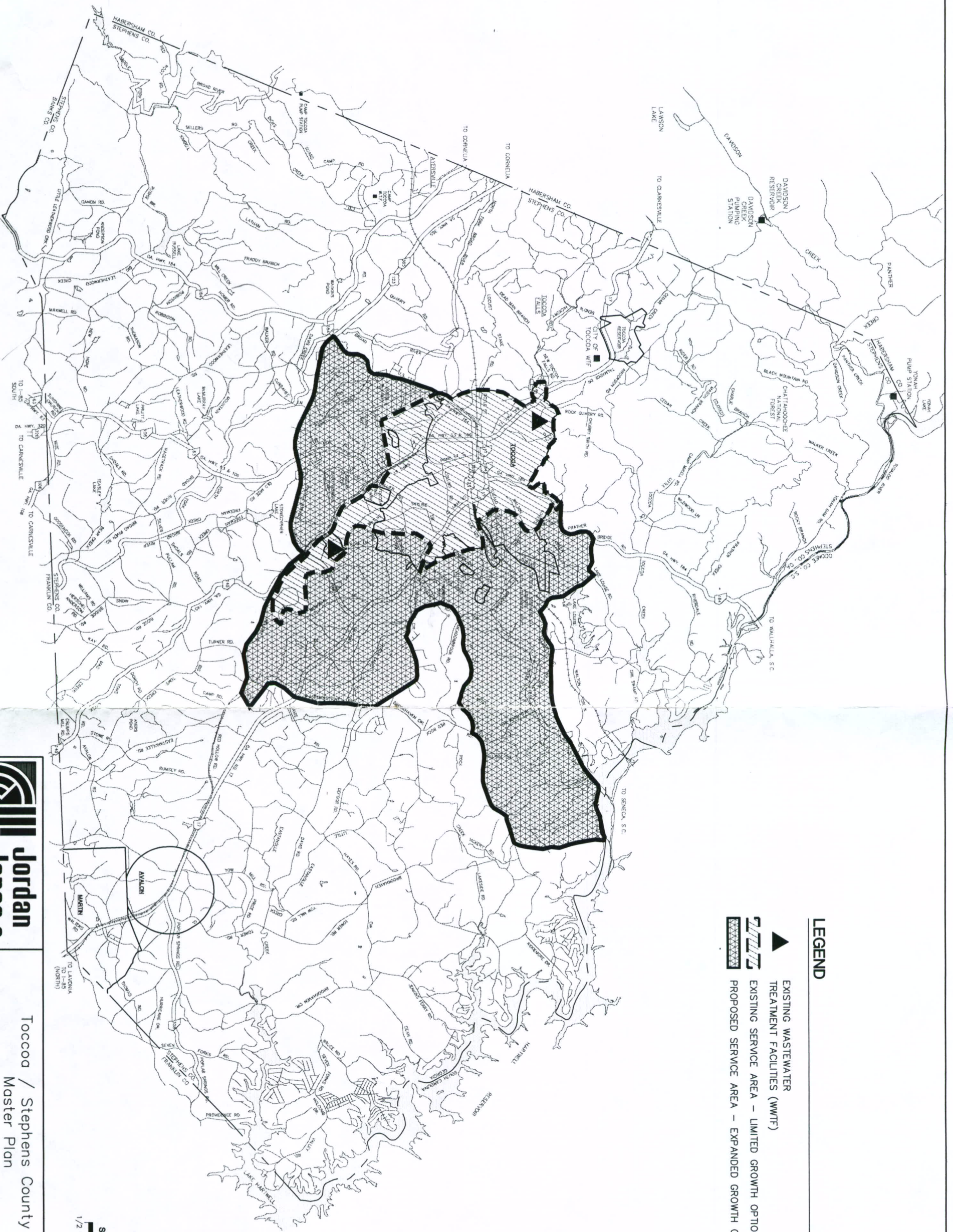
**Jordan Jones & Goulding**

Toccoca / Stephens County  
Master Plan

EXISTING WATER SUPPLY SYSTEM

DATE : SEPTEMBER 1994  
SCALE : AS SHOWN  
JOB NO. : 2113.002  
FIGURE: 3.1





**LEGEND**

- ▲ EXISTING WASTEWATER TREATMENT FACILITIES (WWTf)
- ▨ EXISTING SERVICE AREA - LIMITED GROWTH OPTION
- ▩ PROPOSED SERVICE AREA - EXPANDED GROWTH OPTION



SCALE IN MILES  
 1/2 0 1

SCALE IN FEET  
 0 3000 9000



**Jordan Jones & Goulding**  
 Toccoa / Stephens County  
 Master Plan  
 EXISTING AND PROPOSED  
 WASTEWATER SERVICE AREAS

DATE : SEPTEMBER 1994  
 SCALE : AS SHOWN  
 JOB NO. : 2113.002  
 FIGURE: 2.1



**CLIFTON, SANDERS & SMITH, P.C.**

ATTORNEYS AT LAW  
P.O. BOX 1005  
TOCCOA, GEORGIA 30577



CECIL L. CLIFTON, JR.  
JANNEY E. SANDERS  
RUSSELL W. SMITH  
MARIE K. EVANS

LAW OFFICES  
311 S. BIG A. ROAD  
706-886-7533  
FAX 706-886-0617  
E-MAIL: CCLIFTON2@ALLTEL.NET

September 27, 2000

Jim Higdon, Commissioner  
Georgia Department of Community Affairs  
60 Executive Park South, N.E.  
Atlanta, GA 30329-2231

Dear Commissioner Higdon:

As stated in my previous correspondence to you of August 1, on Friday, July 28, the City Commission of the City of Toccoa and the Stephens County Board of Commissioners met in a joint meeting and adopted the amendment to the Waste Water System Service Delivery Strategy. I previously sent to you a copy of the Amendment which had been signed on behalf of both Stephens County and the City of Toccoa. I am now enclosing for your records a copy of the Amendment as signed by all four parties, including the Cities of Martin and Avalon.

Should you need any further information in order that Stephens County will be eligible for permits, grants and loans in connection with its waste water system efforts in the unincorporated section of the County, please advise.

Sincerely,

A handwritten signature in blue ink that reads "Cecil L. Clifton, Jr.".

Cecil L. Clifton, Jr.

CLCJr:jah

Enclosures

c: Ferrell Morgan, Mayor  
City of Toccoa  
w/ copy executed enclosure

Bill Lewis, City Manager  
City of Toccoa  
w/ originally executed enclosure

John A. Dickerson, Esq., City Attorney  
City of Toccoa  
w/ copy executed enclosure



Jim Higdon, Commissioner  
September 27, 2000  
Page 2

James Ledford, Chairman  
Stephens County Board of Commissioners  
w/ copy executed enclosure

Lamar Smith, County Administrator  
Stephens County  
w/ no enclosure (original picked up 9/26/00)

Donald G. Foster, Mayor  
City of Martin  
w/ originally executed enclosure

Gus Gonzalez, Mayor  
City of Avalon  
w/ originally executed enclosure

Kirby Rutherford, Chairman  
Stephens County Development Authority  
w/ copy executed enclosure

Lonnie M. Edenfield, Jr., Executive Director,  
Stephens County Development Authority  
w/ copy executed enclosure



SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Waste Water System

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- City of Toccoa      Stephens County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
- yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
<u>City of Toccoa</u>	<u>Enterprise Funds</u>
<u>Stephens County</u>	<u>Enterprise Funds</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Stephens County will provide service in the unincorporated areas of Stephens County except as provided in Exhibit "A" attached hereto and incorporated herein by reference.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>None</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

7. Person completing form: Lamar T. Smith

Phone number: 706-886-9491 Date completed: \_\_\_\_\_

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

**EXHIBIT "A"**  
**TO SERVICE DELIVERY STRATEGY**  
**(REVISED) - WASTE WATER SYSTEM**  
**STEPHENS COUNTY**

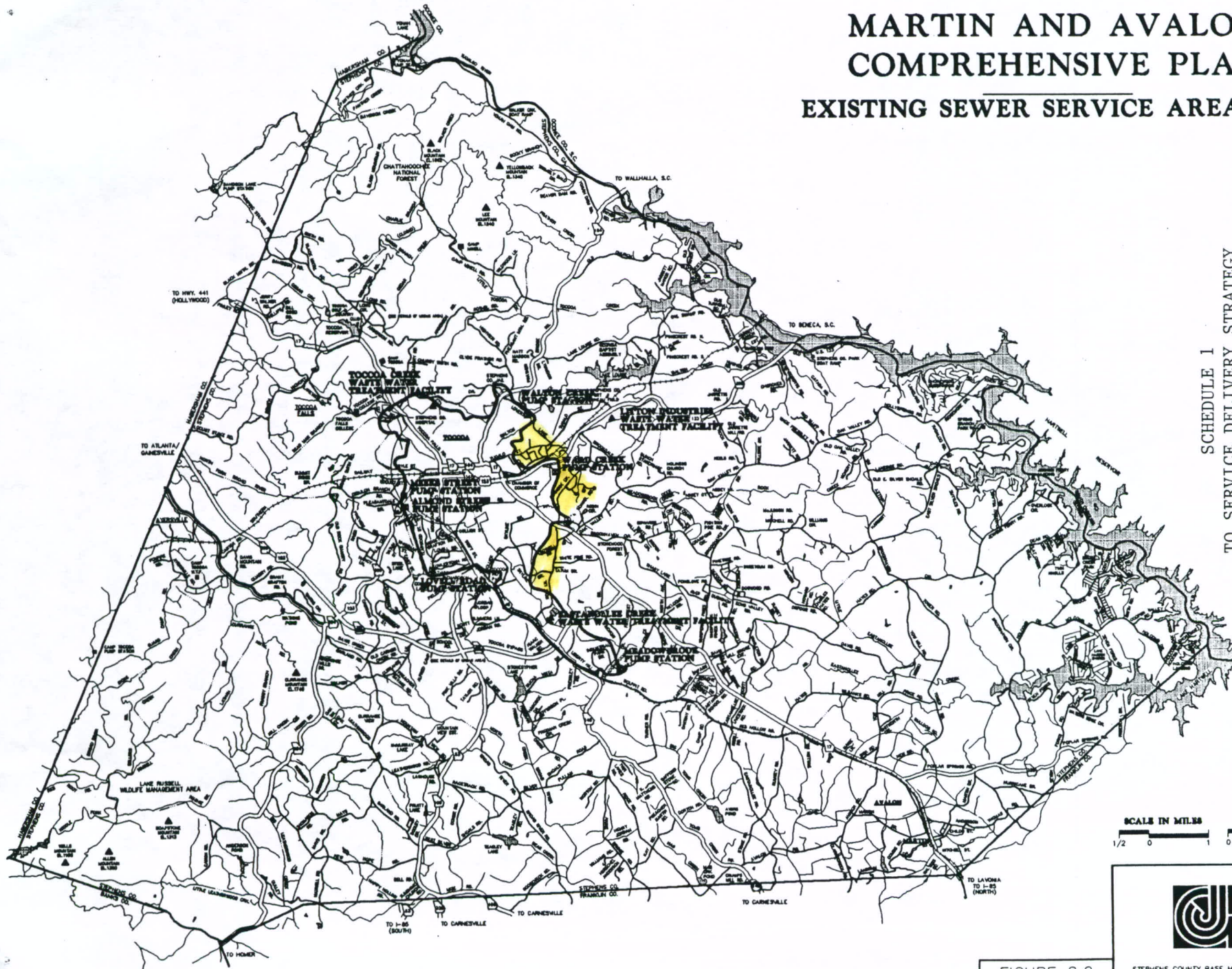
Stephens County will provide waste water system service in the unincorporated areas of Stephens County except for any portion of the unincorporated area which is included in the City of Toccoa existing sewer service area shown on Schedule 1 attached hereto and incorporated herein by reference, the same being a reduced copy of the Toccoa, Stephens County, Martin and Avalon Comprehensive Plan Existing Sewer Service Area Map prepared by Jordan, Jones & Goulding (base map provided by City of Toccoa dated July 9, 1992, a copy of which is attached as Figure 8.2 (p. 8-11) of the Comprehensive Plan dated September, 1994 as previously filed with Department of Community Affairs) as amended by the addition of that portion on Schedule 1 shown in yellow. The parties have approved by their signatures full scale maps of Schedule 1, and each party has retained a copy for its records.

The parties agree that the owner of any property located within one (1) mile of the existing sewer service area as shown on Schedule 1 attached hereto may request either Stephens County or the City of Toccoa to provide sewer service to such property and, if agreed by the party requested, the provision of service within such one mile area shall constitute an amendment hereof without further action required on the part of any party hereto.

jah\County\Exhibit A to SDS-Waste Water System



# TOCCOA - STEPHENS COUNTY MARTIN AND AVALON COMPREHENSIVE PLAN EXISTING SEWER SERVICE AREA MAP



SCHEDULE 1  
TO SERVICE DELIVERY STRATEGY  
(REVISED) - WASTE WATER SYSTEM  
STEPHENS COUNTY



STEPHENS COUNTY BASE MAP PROVIDED BY CITY OF TOCCOA  
JULY 9, 1982.

FIGURE 8.2



### SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

**Instructions:**

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

#### SERVICE DELIVERY STRATEGY FOR Stephens COUNTY

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

6. This revision is for waste water system only.

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
------------	---------------------------------	--------	---------------	-------

	Robert A. Troup	Vice Mayor	City of Toccoa	
	James Ledford	Chairman	Stephens County	
	Donald G. Foster	Mayor	City of Martin	
	Gus Gonzalez	Mayor	City of Avalon	





# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Waste Water System

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) City of Toccoa
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

*Red 15*

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
City of Toccoa	Enterprise Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
none		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-0491 Date completed: 12/21/08

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

Make copies of this form and complete one for each service listed on page I, Section III. Use exactly the same service names listed on page I. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Streets/Roads

**1. Check the box that best describes the agreed upon delivery arrangement for this service:**

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

**2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?**  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

**3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).**

Local Government or Authority:      Funding Method:

<u>Stephens County</u>	<u>General Funds</u>
<u>City of Toccoa</u>	<u>General Funds</u>

**4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?**

no change

**5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:**

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

**6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?**

n/a

**7. Person completing form:** Clifton Wilkinson

Phone number: 705-886-9491 Date completed: 12/21/98

**8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?**  yes  no

If not, provide designated contact person(s) and phone number(s) below:



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Cemetery

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) City of Toccoa
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:      Funding Method:

<u>City of Toccoa</u>	<u>General Fund</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: Clifton Wilkinson  
 Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Downtown Development/Main Street

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) City of Toccoa
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:      Funding Method:

<u>City of Toccoa</u>	<u>General Fund, Special Tax District</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9491 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: Jail

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
 yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:      Funding Method:

<u>Stephens County</u>	<u>General Fund</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-0401 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_





**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**Instructions:**

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Stephens Service: 911 Communication Services

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Stephens County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority: Funding Method:

<u>City of Toccoa</u>	<u>General Funds</u>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<u>none</u>		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

n/a

7. Person completing form: Clifton Wilkinson

Phone number: 706-886-9191 Date completed: 12/21/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no

If not, provide designated contact person(s) and phone number(s) below:

\_\_\_\_\_



SERVICE DELIVERY STRATEGY  
SUMMARY OF LAND USE AGREEMENTS

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County: Stephens

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

No incompatibilities or conflicts were identified.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)

*Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.*

If "other measures" was checked, describe these measures:

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

Service Delivery Dispute -  
Resolution Process

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

- 1.) County wide water system in place.
- 2.) Sewer service provided by one entity. - see revised page

5. Person completing form: Clifton Wilkinson

Phone number: 706-885-9491 Date completed: 12-21-98

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions?  yes  no

If not, provide designated contact person(s) and phone number(s) below:



# SERVICE DELIVERY STRATEGY CERTIFICATIONS

**Instructions:**

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

## SERVICE DELIVERY STRATEGY FOR STEPHENS COUNTY

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: <small>(Please print or type)</small>	TITLE:	JURISDICTION:	DATE:
------------	--	--------	---------------	-------

*Winnie Zeches*

Winnie Zeches

Mayor

City of Toccoa

*Brenda Chapman*

Brenda Chapman

Chairman  
Stephens Co. BOC

Stephens Co.

*Gus Gonzalez*

Gus Gonzalez

Mayor

City of Avalon

*Michael Cole*

Michael Cole

Mayor

City of Martin

# Stephens County

Courthouse Annex  
Post Office Box 386  
Toccoa, Georgia 30577

Phone 886-9491  
Fax 886-2185

May 18, 1999

Mr. Rick Brooks  
Director  
Planning and Environmental Management Division  
60 Executive Park, South, S.E.  
Atlanta, Georgia 30329-2231


Dear Mr. Brooks,

As requested in your March 31<sup>st</sup> letter I have enclosed the following documents for your review:

- Service Delivery Arrangements (page 2) for Law Enforcement
- A copy of our "Dispute Resolution Process" is included and attached to our strategy arrangement
- A copy of a new ordinance to insure compatibility with land use plans was approved and enclosed for your review.

Please give me a call if you have any questions or need additional information.

Sincerely,

  
Clifton Wilkinson  
Administrator

cc: Board of Commissioners



**A Resolution Establishing a  
Process to Insure Compatibility with Applicable Land Use Plans and Ordinances  
and to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies  
Pursuant to the Provision of New Extra Territorial Water Sewer Services**

**WHEREAS**, the Stephens County Board of Commissioners and the mayor and councils of its political jurisdictions have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land uses plans and ordinances of adjoining local governments, and

**WHEREAS**, the Stephens County Board of Commissioners and its municipal jurisdictions have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

**WHEREAS**, the Stephens County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordinances,

**BE IT THEREFORE RESOLVED** by the Stephens County Board of Commissioners of Stephens County, Georgia and the governing bodies of the cities of Avalon, Martin, Toccoa, and FT IS **HEREBY RESOLVED** by the authority of same:

**Section 1.** Effective immediately upon the adoption of this Resolution by the respective governments. The following process for insuring that proposed extraterritorial water and sewer service is compatible with the land use plans/ordinances of the new territory shall be implemented:

1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property.
2. Within 10 working days following receipt of the above information, the local government, receiving the notice of water/sewer extension will forward to the local government proposing the extension, a statement either: (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determine to be consistent with the community's land use plan or land use ordinances.
3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b)

agreeing with the content of the notification and stopping action on the proposed service extension.

4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule, and determine participants in the mediation. Any cost associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.

5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

6. However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

**Section 2.** All ordinances and resolutions in conflict herewith are hereby repealed.

DATE: 5-4-99

ATTEST:

Nancy Bowns  
County Clerk

Stephens County Board of Commissioners

Brenda Chapman  
Chairperson

DATE: 5/4/99

ATTEST:

Victoria L. King  
City Clerk/Notary

Mayor, City of Avalon, Georgia

[Signature]  
Mayor

DATE: 5/4/99

ATTEST:

Victoria L. King  
City Clerk/Notary

Mayor, City of Martin, Georgia

[Signature]  
Mayor

DATE: 5/4/99

ATTEST:

Jacqueline Selvaon  
City Clerk

Mayor, City of Toccoa, Georgia

Winnie Lecher  
Mayor

# SERVICE DELIVERY STRATEGY

## DISPUTE RESOLUTION PROCESS

(SEE O.C.G.A. 36-70-24(4)©)

The Stephens County and the Cities of Avalon, Martin, and Toccoa hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to the land use changes after the annexation.
3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; © disagreeing with the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court; (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
5. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
6. If the city and county reach agreement as described in step 3 (a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Victoria King  
Attest

Mark DeLoe  
Mayor  
City of Martin

Nancy Louns  
Attest

Brenda Chapman  
Chairman  
Stephens County Board of Commissioners



Appendix B

CITY ANNEXATION NOTIFICATION FORM

1. Describe the location of the area to be annexed or attach a clear map indicating the location (if not previously provided to the county with the notice of proposed annexation).
  
2. How many landowners/parcels will be included?
  
3. How does the city propose to designate this area on its future land use map and/or zoning map if the annexation occurs?
  
4. Attach a copy of the sections of the city development ordinances that identify permitted uses for this proposed land use classification.
  
5. Describe the development plans for the area proposed to be annexed (if the property owner(s) in the area have initiated specific development proposals).
  
6. Indicate any special measures to be implemented or conditions of development that will be imposed on the properties to be annexed to mitigate negative impacts of the annexation proposal on surrounding properties.

Form completed by: \_\_\_\_\_

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

Appendix B

COUNTY COMMENTS ON PROPOSED ANNEXATION FORM

1. How is the area proposed to be annexed designated on the county's future land use map?
2. If the county has zoning, what is the current (county) zoning classification for the area proposed to be annexed?
3. Has the county previously denied requests for a change of zoning (or general land use) classification in the area proposed to be annexed? If so, provide details.
4. How would the city's development controls for the proposed land use classification of the area to be annexed differ from the county's current development controls (i.e., permitted density, allowed uses, required setbacks, height restrictions, permitted signage, etc.)?
5. Would any of the uses allowed under the city's proposed land use classification of the area to be annexed have potentially negative impacts on the surrounding areas? If so, describe these.
6. Identify any county owned public facilities in the area proposed to be annexed.
7. Does the county have bona fide land use classification objections to the annexation? If so, list these and attach supporting information as needed to clarify the objections.
8. If the county objects to the city's plans for the area to be annexed, are there any mitigation measures or conditions of development that would allay the county's concerns? If so, list these.

Form completed by: \_\_\_\_\_

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

Appendix C

**ZONING PROCEDURES TIME-LINE (IN RELATION TO ANNEXATION)**

The Zoning Procedures Law (O.C.G.A. 36-66-1 *et seq.*) spells out statewide requirements for local government zoning procedures including: a public hearing, public notice of the zoning 15-45 days prior to the public hearing, and posting of an informational sign on the property at least 15 days before the public hearing.

For all annexation methods, zoning procedures may legally be commenced on day five, after the City Council has given written notice of the proposed annexation to the County Commission.

The required zoning hearing must be held prior to the annexation adoption. The zoning classification approved by the municipality following the required hearing becomes effective on the later of a) the date the zoning is approved; or b) the date the annexation becomes effective.

All Annexation Methods

Day 5	15-45 Days prior to Zoning Hearing	15 Days prior to Zoning Hearing	Date of Zoning Hearing	First Day of Next Month
Written annexation notice given to County	City must advertise notice of zoning that includes: <ul style="list-style-type: none"> <li>▪ time, date and place of meeting</li> <li>▪ location of the property</li> <li>▪ existing and proposed zoning</li> </ul>	Sign must be placed on property containing information required in local ordinance	Hearing held in accordance with locally adopted procedures	Annexation becomes effective
Municipality may begin process for establishing zoning (i.e., next three steps)			Council approves zoning	Zoning becomes effective
			Council adopts annexation ordinance	

Appendix C

ANNEXATION TIME - LINES

100% Method

Day 1	Day 5*	Council Meeting	First Day of Next Month After All Requirements Met
Filing of Petition for Annexation	City Council must give written notice** of proposed annexation to County Commission	Council Adopts annexation ordinance	Annexation becomes effective

60% Method

Day 1	Day 5*	2 weeks prior to hearing	15 - 45 days after validation	within 60 Days of validation	First Day of Next Month
Filing of petition for annexation***	City Council must give written notice** of proposed annexation to County Commission	Council gives notice of public hearing	Public hearing on proposed annexation	Council adopts annexation ordinance	Annexation becomes effective****
		City Council determines if petition is valid AND Prepares a plan for extending city services to annexed area (no time limit)			

- \* Notice must be given within 5 business days of receipt of the annexation petition.
- \*\* Notice must be given by certified mail, return receipt requested.
- \*\*\* A maximum period of one year is allowed for collecting signatures for a petition under 60% method.
- \*\*\*\* Annexations by this method may be challenged by any resident voter within 30 days after annexation becomes effective.



Appendix C

ANNEXATION TIME - LINES

Resolution & Referendum Method

Day 1	Day 5*	Days 30 - 60	Days 90 - 120	First Day of Next Month - After All Requirements Met
City Council adops resolution of Intent to Annex AND Sets date of public hearing	City Council must give written notice of proposed annexation to County Commission	City council must hold public hearing AND Publish written notice of hearing in newspaper (3 consecutive weeks; last publication-7 days before hearing) AND Prepare a plan for extending services to the annexed area AND Prepare a report of plan for the public (14 days before hearing)	Referendum (must be held on one of four dates authorized for special elections)**	Annexation becomes effective

\* Notice must be given within 5 business days of adoption of the annexation resolution.

\*\* There are four permissible dates for holding a referendum (the third Tuesday in March, the third Tuesday in June or the date of the general primary, the third Tuesday in September, the Tuesday after the first Monday in November).

Appendix C

ANNEXATION TIME - LINES

Annexation by Local Act of the General Assembly

Day 1	Days 3 - 61***	Days 8 +****	Referendum*****	First Day of the Next Month After All Requirements Met
Advertisement of Notice of Intent to introduce Local Act to annex area. AND Provide copy of proposed Local Act to county** (on same date)	Introduction of Local Act containing proposed annexation	A minimum of 5 days is required for enactment of Local Acts by both houses of the General Assembly, but may be introduced at any time during the legislative session	A referendum is required by General Law for annexations by this method IF the population of the area to be annexed is more than 500 or 3% of the city's total population  A referendum may also be required by the Local Act at the discretion of the Act's sponsor	Annexation becomes effective

- This advertisement must be published in the newspaper in which sheriff's advertisements are published one time before the Local Act is introduced.
- Failure to provide a copy of the proposed Local Act to the county governing authority will result in the annexation being void.
- Advertisement of intent to introduce Local Legislation may be published at any time within 60 days before the convening of the legislative session at which the Local Act is introduced, or it may be published during the legislative session. If the advertisement is published during the session, the Bill may not be introduced until at least the next calendar week after the date of publication.
- This time period is dependent upon the date of publication of the notice of intent and upon the meeting schedule of the General Assembly.
- There are four permissible dates for holding a referendum (the third Tuesday in March, the third Tuesday in June or the date of the general primary, the third Tuesday in September, the Tuesday after the first Monday in November).

**A Resolution Establishing a  
Process to Insure Compatibility with Applicable Land Use Plans and Ordinances  
and to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies  
Pursuant to the Provision of New Extra Territorial Water Sewer Services**

**WHEREAS**, the Stephens County Board of Commissioners and the mayor and councils of its political jurisdictions have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land uses plans and ordinances of adjoining local governments, and

**WHEREAS**, the Stephens County Board of Commissioners and its municipal jurisdictions have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

**WHEREAS**, the Stephens County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordinances,

**BE IT THEREFORE RESOLVED** by the Stephens County Board of Commissioners of Stephens County, Georgia and the governing bodies of the cities of Avalon, Martin, Toccoa, and **IT IS HEREBY RESOLVED** by the authority of same:

**Section 1.** Effective immediately upon the adoption of this Resolution by the respective governments. The following process for insuring that proposed extraterritorial water and sewer service is compatible with the land use plans/ordinances of the new territory shall be implemented:

1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property.
2. Within 10 working days following receipt of the above information, the local government, receiving the notice of water/sewer extension will forward to the local government proposing the extension, a statement either: (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determine to be consistent with the community's land use plan or land use ordinances.
3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b)

agreeing with the content of the notification and stopping action on the proposed service extension.

4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule, and determine participants in the mediation. Any cost associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.

5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

6. However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

**Section 2.** All ordinances and resolutions in conflict herewith are hereby repealed.

DATE: 5-4-99

ATTEST:

Nancy Bowers  
County Clerk

Stephens County Board of Commissioners  
Brenda Chapman  
Chairperson



# **SERVICE DELIVERY STRATEGY**

## **DISPUTE RESOLUTION PROCESS**

**(SEE O.C.G.A. 36-70-24(4)©)**

The Stephens County and the Cities of Avalon, Martin, and Toccoa hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to the land use changes after the annexation.
3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; © disagreeing with the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court; (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
5. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
6. If the city and county reach agreement as described in step 3 (a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Vicky King  
Attest

[Signature]  
Mayor  
City of Avalon

Nancy Downs  
Attest

Brenda Chapman  
Chairman  
Stephens County Board of Commissioners

Appendix B

## CITY ANNEXATION NOTIFICATION FORM

1. Describe the location of the area to be annexed or attach a clear map indicating the location (if not previously provided to the county with the notice of proposed annexation).
2. How many landowners/parcels will be included?
3. How does the city propose to designate this area on its future land use map and/or zoning map if the annexation occurs?
4. Attach a copy of the sections of the city development ordinances that identify permitted uses for this proposed land use classification.
5. Describe the development plans for the area proposed to be annexed (if the property owner(s) in the area have initiated specific development proposals).
6. Indicate any special measures to be implemented or conditions of development that will be imposed on the properties to be annexed to mitigate negative impacts of the annexation proposal on surrounding properties.

Form completed by: \_\_\_\_\_

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

Appendix B

## COUNTY COMMENTS ON PROPOSED ANNEXATION FORM

1. How is the area proposed to be annexed designated on the county's future land use map?
2. If the county has zoning, what is the current (county) zoning classification for the area proposed to be annexed?
3. Has the county previously denied requests for a change of zoning (or general land use) classification in the area proposed to be annexed? If so, provide details.
4. How would the city's development controls for the proposed land use classification of the area to be annexed differ from the county's current development controls (i.e., permitted density, allowed uses, required setbacks, height restrictions, permitted signage, etc.)?
5. Would any of the uses allowed under the city's proposed land use classification of the area to be annexed have potentially negative impacts on the surrounding areas? If so, describe these.
6. Identify any county owned public facilities in the area proposed to be annexed.
7. Does the county have bona fide land use classification objections to the annexation? If so, list these and attach supporting information as needed to clarify the objections.
8. If the county objects to the city's plans for the area to be annexed, are there any mitigation measures or conditions of development that would allay the county's concerns? If so, list these.

Form completed by: \_\_\_\_\_

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



Appendix C

**ZONING PROCEDURES TIME-LINE (IN RELATION TO ANNEXATION)**

The Zoning Procedures Law (O.C.G.A. 36-66-1 et seq.) spells out statewide requirements for local government zoning procedures including: a public hearing, public notice of the zoning 15-45 days prior to the public hearing, and posting of an informational sign on the property at least 15 days before the public hearing.

For all annexation methods, zoning procedures may legally be commenced on day five, after the City Council has given written notice of the proposed annexation to the County Commission.

The required zoning hearing must be held prior to the annexation adoption. The zoning classification approved by the municipality following the required hearing becomes effective on the later of a) the date the zoning is approved; or b) the date the annexation becomes effective.

All Annexation Methods

Day 5	15-45 Days prior to Zoning Hearing	15 Days prior to Zoning Hearing	Date of Zoning Hearing	First Day of Next Month
<p>Written annexation notice given to County</p> <p>Municipality may begin process for establishing zoning (i.e., next three steps)</p>	<p>City must advertise notice of zoning that includes:</p> <ul style="list-style-type: none"> <li>▪ time, date and place of meeting</li> <li>▪ location of the property</li> <li>▪ existing and proposed zoning</li> </ul>	<p>Sign must be placed on property containing information required in local ordinance</p>	<p>Hearing held in accordance with locally adopted procedures</p> <p>Council approves zoning</p> <p>Council adopts annexation ordinance</p>	<p>Annexation becomes effective</p> <p>Zoning becomes effective</p>

Appendix C

**ANNEXATION TIME - LINES**

100% Method

Day 1	Day 5*	Council Meeting	First Day of Next Month After All Requirements Met
Filing of Petition for Annexation	City Council must give written notice** of proposed annexation to County Commission	Council Adopts annexation ordinance	Annexation becomes effective

Filing of Petition for Annexation

City Council must give written notice\*\* of proposed annexation to County Commission

Council Adopts annexation ordinance

Annexation becomes effective

60% Method

Day 1	Day 5*	2 weeks prior to hearing	15 - 45 days after validation	within 60 Days of validation	First Day of Next Month
Filing of petition for annexation***	City Council must give written notice** of proposed annexation to County Commission	Council gives notice of public hearing	Public hearing on proposed annexation	Council adopts annexation ordinance	Annexation becomes effective****

Filing of petition for annexation\*\*\*

City Council must give written notice\*\* of proposed annexation to County Commission

City Council determines if petition is valid AND Prepares a plan for extending city services to annexed area (no time limit)

Council gives notice of public hearing

Public hearing on proposed annexation

Council adopts annexation ordinance

Annexation becomes effective\*\*\*\*

\* Notice must be given within 5 business days of receipt of the annexation petition.

\*\* Notice must be given by certified mail, return receipt requested.

\*\*\* A maximum period of one year is allowed for collecting signatures for a petition under 60% method.

\*\*\*\* Annexations by this method may be challenged by any resident voter within 30 days after annexation becomes effective.

Appendix C

**ANNEXATION TIME - LINES**

Resolution & Referendum Method

Day 1	Day 5*	Days 30 - 60	Days 90 - 120	First Day of Next Month - After All Requirements Met
City Council adopts resolution of intent to Annex AND Sets date of public hearing	City Council must give written notice of proposed annexation to County Commission	City council must hold public hearing AND Publish written notice of hearing in newspaper (3 consecutive weeks; last publication-7 days before hearing) AND Prepare a plan for extending services to the annexed area AND Prepare a report of plan for the public (14 days before hearing)	Referendum (must be held on one of four dates authorized for special elections)**	Annexation becomes effective

\* Notice must be given within 5 business days of adoption of the annexation resolution.  
 \*\* There are four permissible dates for holding a referendum (the third Tuesday in March, the third Tuesday in June or the date of the general primary, the third Tuesday in September, the Tuesday after the first Monday in November).

Appendix C

ANNEXATION TIME - LINES

Annexation by Local Act of the General Assembly

Day 1	Days 3 - 61***	Days 8 +****	Referendum*****	First Day of the Next Month After All Requirements Met
Advertisement of Notice of Intent to introduce Local Act to annex area" AND Provide copy of proposed Local Act to county** (on same date)	Introduction of Local Act containing proposed annexation	A minimum of 5 days is required for enactment of Local Acts by both houses of the General Assembly, but may be introduced at any time during the legislative session	A referendum is required by General Law for annexations by this method IF the population of the area to be annexed is more than 500 or 3% of the city's total population  A referendum may also be required by the Local Act at the discretion of the Act's sponsor	Annexation becomes effective
* This advertisement must be published in the newspaper in which sheriff's advertisements are published one time before the Local Act is introduced.				
** Failure to provide a copy of the proposed Local Act to the county governing authority will result in the annexation being void.				
*** Advertisement of Intent to introduce Local Legislation may be published at any time within 60 days before the convening of the legislative session at which the Local Act is introduced, or it may be published during the legislative session. If the advertisement is published during the session, the Bill may not be introduced until at least the next calendar week after the date of publication.				
**** This time period is dependent upon the date of publication of the notice of intent and upon the meeting schedule of the General Assembly.				
***** There are four permissible dates for holding a referendum (the third Tuesday in March, the third Tuesday in June or the date of the general primary, the third Tuesday in September, the Tuesday after the first Monday in November).				

# SERVICE DELIVERY STRATEGY

## DISPUTE RESOLUTION PROCESS

(SEE O.C.G.A. 36-70-24(4)©)

The City of Toccoa and Stephens County hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to the land use changes after the annexation.
3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; © disagreeing with the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court; (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
5. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
6. If the city and county reach agreement as described in step 3 (a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).



This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Jessamine Gleason  
Attest

James C. Hoop  
Mayor  
City of Toccoa

Nancy Downie  
Attest

Bethel Crundleton  
Chairman  
Stephens County Board of Commissioners

Appendix B

CITY ANNEXATION NOTIFICATION FORM

1. Describe the location of the area to be annexed or attach a clear map indicating the location (if not previously provided to the county with the notice of proposed annexation).
  
2. How many landowners/parcels will be included?
  
3. How does the city propose to designate this area on its future land use map and/or zoning map if the annexation occurs?
  
4. Attach a copy of the sections of the city development ordinances that identify permitted uses for this proposed land use classification.
  
5. Describe the development plans for the area proposed to be annexed (if the property owner(s) in the area have initiated specific development proposals).
  
6. Indicate any special measures to be implemented or conditions of development that will be imposed on the properties to be annexed to mitigate negative impacts of the annexation proposal on surrounding properties.

Form completed by: \_\_\_\_\_

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

Appendix B

COUNTY COMMENTS ON PROPOSED ANNEXATION FORM

1. How is the area proposed to be annexed designated on the county's future land use map?
2. If the county has zoning, what is the current (county) zoning classification for the area proposed to be annexed?
3. Has the county previously denied requests for a change of zoning (or general land use) classification in the area proposed to be annexed? If so, provide details.
4. How would the city's development controls for the proposed land use classification of the area to be annexed differ from the county's current development controls (i.e., permitted density, allowed uses, required setbacks, height restrictions, permitted signage, etc.)?
5. Would any of the uses allowed under the city's proposed land use classification of the area to be annexed have potentially negative impacts on the surrounding areas? If so, describe these.
6. Identify any county owned public facilities in the area proposed to be annexed.
7. Does the county have bona fide land use classification objections to the annexation? If so, list these and attach supporting information as needed to clarify the objections.
8. If the county objects to the city's plans for the area to be annexed, are there any mitigation measures or conditions of development that would allay the county's concerns? If so, list these.

Form completed by: \_\_\_\_\_

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

Appendix C

**ZONING PROCEDURES TIME-LINE (IN RELATION TO ANNEXATION)**

The Zoning Procedures Law (O.C.G.A. 36-66-1 et seq.) spells out statewide requirements for local government zoning procedures including: a public hearing, public notice of the zoning 15-45 days prior to the public hearing, and posting of an informational sign on the property at least 15 days before the public hearing.

For all annexation methods, zoning procedures may legally be commenced on day five, after the City Council has given written notice of the proposed annexation to the County Commission.

The required zoning hearing must be held prior to the annexation adoption. The zoning classification-approved by the municipality following the required hearing becomes effective on the later of a) the date the zoning is approved; or b) the date the annexation becomes effective.

All Annexation Methods

Day 5	15-45 Days prior to Zoning Hearing	15 Days prior to Zoning Hearing	Date of Zoning Hearing	First Day of Next Month
Written annexation notice given to County	City must advertise notice of zoning that includes: <ul style="list-style-type: none"> <li>▪ time, date and place of meeting</li> <li>▪ location of the property</li> <li>▪ existing and proposed zoning</li> </ul>	Sign must be placed on property containing information required in local ordinance	Hearing held in accordance with locally adopted procedures	Annexation becomes effective
Municipally may begin process for establishing zoning (i.e., next three steps)			Council approves zoning	Zoning becomes effective
			Council adopts annexation ordinance	

Appendix C

ANNEXATION TIME - LINES

100% Method

Day 1	Day 5*	Council Meeting	First Day of Next Month After All Requirements Met
Filing of Petition for Annexation	City Council must give written notice** of proposed annexation to County Commission	Council Adopts annexation ordinance	Annexation becomes effective

60% Method

Day 1	Day 5*	2 weeks prior to hearing	15 - 45 days after validation	within 60 Days of validation	First Day of Next Month
Filing of petition for annexation***	City Council must give written notice** of proposed annexation to County Commission	Council gives notice of public hearing	Public hearing on proposed annexation	Council adopts annexation ordinance	Annexation becomes effective****
		City Council determines if petition is valid AND Prepares a plan for extending city services to annexed area (no time limit)			

- \* Notice must be given within 5 business days of receipt of the annexation petition.
- \*\* Notice must be given by certified mail, return receipt requested.
- \*\*\* A maximum period of one year is allowed for collecting signatures for a petition under 60% method.
- \*\*\*\* Annexations by this method may be challenged by any resident voter within 30 days after annexation becomes effective.



Appendix C

ANNEXATION TIME - LINES

Resolution & Referendum Method

Day 1	Day 5*	Days 30 - 60	Days 90 - 120	First Day of Next Month - After All Requirements Met
City Council adopts resolution of intent to Annex AND Sets date of public hearing	City Council must give written notice of proposed annexation to County Commission	City council must hold public hearing AND Publish written notice of hearing in newspaper (3 consecutive weeks; last publication-7 days before hearing) AND Prepare a plan for extending services to the annexed area AND Prepare a report of plan for the public (14 days before hearing)	Referendum (must be held on one of four dates authorized for special elections)**	Annexation becomes effective

\* Notice must be given within 5 business days of adoption of the annexation resolution.

\*\* There are four permissible dates for holding a referendum (the third Tuesday in March, the third Tuesday in June or the date of the general primary, the third Tuesday in September, the Tuesday after the first Monday in November).

Appendix C

ANNEXATION TIME - LINES

Annexation by Local Act of the General Assembly

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- \*\*\*\*\* There are four permissible dates for holding a referendum (the third Tuesday in March, the third Tuesday in June or the date of the general primary, the third Tuesday in September, the Tuesday after the first Monday in November).