



APPLICATION FOR A VARIANCE TO THE PLANNING AND ZONING BOARD OF APPEALS

PROPERTY OWNER INFORMATION

Owner's Name: _____

Owner's Address: _____

Phone: _____ Email: _____

APPLICANT INFORMATION

Contact Name: _____

Company Name: _____

Phone: _____ Email: _____

PROPERTY INFORMATION FOR REQUESTED VARIANCE

Tax Parcel Number: _____ Size in Acres: _____ Number of existing structures: _____

Current Zoning: _____ Project Name: _____

Address: _____

DESCRIPTION OF REQUESTED VARIANCE

ACTION REQUESTED FROM THE BOARD OF APPEALS

REQUIRED ATTACHMENTS

- Site plan (to scale) of subject property indicating area of variance Legal description Vicinity Map
- Include a narrative that explains the reason for the requested variance

STATEMENT

Has the subject property been before the Mayor and Council, Downtown Development Authority, Architectural Review Board, Board of Appeals, Planning and Zoning Board, or any other City Board in the past 24 months? YES NO

If yes, list the board and reference number: _____

APPLICANT'S SIGNATURE

_____	_____
Signature	Date

CITY USE ONLY BELOW THIS LINE

Date received: _____ Receipt Number: _____ Application Number: _____

Fee Paid: \$ _____ Meeting Date: _____

DEADLINE AND HEARING SCHEDULE

See calendar on the Community Development website for pre-application conference deadlines, application submission deadlines and scheduled meeting dates.

(THE PROPERTY OWNER OR APPLICANT'S ATTENDANCE AT EACH PUBLIC HEARING IS REQUIRED)

CRITERIA FOR EVALUATING VARIANCE REQUESTS

1. Whether there are extraordinary and exceptional conditions pertaining to the particular property in question because of its size, shape or topography.
2. Whether the application of UDO to this particular piece of property would create an unnecessary hardship.
3. Whether such conditions are peculiar to the particular piece of property involved
4. Whether such conditions are the result of any actions of the property owner

5. Whether the requested relief, if granted, would cause substantial detriment to the public good or impair the purpose and intent of the UDO



Ownership Affidavit & Designation of Agent

I. Ownership.

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: _____

_____ for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: _____

Please complete the appropriate section below:

NOTE: The person signing under section IV Acknowledgement, must be listed below as an officer or partner.

Individual

Corporation/Limited Liability Company (LLC)

Partnership

Government Entity

Provide Names of Officers/Members:

Provide Names of General Partners:

Secretary of State Registration Number: _____

Name/Address of Registered Agent: _____

II. Designation of Owner's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named below to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief. (Note: Prior to the issuance of a building permit, the owner's agent must be the contractor listed on the permit application.)

Owner's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.
- B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

IV. Acknowledgement.

• **Individual**

Signature

Print Name: _____
 Address: _____
 Phone #: _____

• **Government Entity**

 Print Government Name

By: _____
Signature

Print Name: _____
 Title: _____
 Department: _____

• **Corporation/LLC**

 Print Corporation/LLC Name

By: _____
Signature

Print Name: _____
 Its: _____
 Address: _____
 Phone #: _____

• **Partnership**

 Print Partnership Name

By: _____
Signature

Print Name: _____
 Its: _____
 Address: _____
 Phone #: _____

NOTARY INFORMATION (Please use appropriate block.)

STATE OF GEORGIA
 COUNTY OF _____

• **Individual**

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

• **Government Entity**

Before me, this _____ day of _____, 20____, personally appeared _____ as _____ and on behalf of _____, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

• **Corporation/LLC**

Before me, this _____ day of _____, 20____, personally appeared _____ of _____ a _____ corporation/LLC, on behalf of the corporation/LLC, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

• **Partnership**

Before me, this _____ day of _____, 20____, personally appeared _____ partner/agent on behalf of _____ a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Signature of Notary

NOTARY STAMP:

My commission expires: _____

Print Notary Name

Identification Method: _____ Personally known.
 _____ Produced I.D. – Type: _____