



# 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**

The process for obtaining a variance from the Board of Appeals is as follows: 1) applications submitted on the 4th Thursday of each month 2) will be heard before the Board of Appeals on the 4<sup>th</sup> Thursday of the following month.

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



## CRITERIA FOR EVALUATING VARIANCE REQUESTS

1. Arises from a condition that is unique and peculiar to the land, structures and buildings involved.
2. Is necessary because the particular physical surroundings, the size, shape or topographical condition of the specific property involved would result in unnecessary hardship for the owner, lessee or occupants; as distinguished from a mere inconvenience, if the provisions of the Zoning Ordinance are literally enforced.
3. The condition requiring the requested relief is not ordinarily found in properties of the same zoning district as the subject property.
4. The condition is created by the regulations of the Zoning Ordinance and not by an action or actions of the property owner or the applicant.





# 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.

NOTARY STAMP:

Signature of Notary

My commission expires: \_\_\_\_\_

Print Notary Name

Identification Method: \_\_\_\_\_ Personally known.  
 \_\_\_\_\_ Produced I.D. – Type: \_\_\_\_\_