



Department of Community Development

Application for a Variance

Date of Application: _____ Application #: _____

Address of Property:

Land Lot: _____ District: _____ Section: _____ Parcel: _____

Owner of Property: _____

Mailing Address:

Telephone Number (Daytime): _____

Email:

(If different from the property owner)

Applicant: _____

Mailing Address:

Telephone Number (Daytime): _____

Email:

Please check the appropriate category for which you are seeking a variance and indicate the variance (increase or decrease) you are seeking:

Minimum Building setback Maximum Building Height Parking Requirements

Minimum Building Floor Area Sign Other _____

Brief Overview of Project:

Brief Overview of Requested Variance:

ITEMS WHICH MUST ACCOMPANY APPLICATION

- A. Owner's Signature or Affidavit** – If the owner and applicant are not the same, the owner must sign the application or complete attached affidavit.
- B. Plat/Conceptual/Site Plan/Elevations/Etc.** (Need 20 copies of each)
- C. Warranty Deed** – A copy of the recorded warranty deed to the property must accompany each application.
- D. Proof of Taxes Paid** – Proof that all ad valorem taxes due on the property have been paid must accompany each application.
- E. Certificate Concerning Campaign Contributions**
- F.** Any other information required by the Planning & Zoning Department deemed necessary or desirable in processing the application which is related to the present or proposed use of the property.

I have read and understand the attached application and zoning procedures. I also hereby authorize the Planning staff to inspect the premises which are the subject of this variance application.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____

Director of Community Development: _____

Planning Commission Action: _____

Date of Action: _____

Mayor and Council Action: _____

Date of Action: _____

AFFIDAVIT

Authorization by Property Owner

I swear that I am the owner of the property that is the subject matter of the attached application, as it is shown in the records of Carroll County, Georgia.

I authorize the persons named below to act as applicant in the pursuit of the obtaining the Variance for this property.

Name of Applicant: _____

Address:

Telephone Number: _____

Signature of Owner

Date

Personally Appeared Before Me:

Who swears that the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

Notary Public

Date

CERTIFICATE CONCERNING CAMPAIGN CONTRIBUTIONS

Has the applicant (individual, corporation, partnership, firm, enterprise, franchise, association or trust) made, within two years immediately preceding the filing of this application for a **Variance**, campaign contributions aggregating \$250.00 or more or made gifts having in aggregate a value of \$250.00 or more to a member of the City Council or Planning Commission who will consider the application?

YES _____

NO _____

If so, the applicant and the attorney representing the applicant must file a disclosure report with the Board of Commissioners of Carroll County, within ten (10) days after this application is first filed.

Please supply the following information, which will be considered as the required disclosure:

1. **Member:** The name of the member(s) of the City Council or Planning Commission to whom the campaign contribution or gift was made.
2. **Contribution:** The dollar amount of each campaign contribution made by the applicant to the member of the City Council or Planning commission during the two years immediately preceding the filing of this application, and the date of each such contribution.
3. **Gift:** An enumeration and description of each gift having a value of \$250.00 or more made by the applicant to a member of the City Council or Planning Commission during the two years immediately preceding the filing of this application.

Member	Contribution	Date	Gift
	\$		
	\$		
	\$		
	\$		
	\$		

We certify that the foregoing information is true and correct, this _____ day of _____
20_____.

Applicant

Applicant's Attorney (if any)