



Case No. _____

VARIANCE APPLICATION (SUBDIVISION REGULATIONS)

APPLICANT INFORMATION	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____
PROPERTY OWNERSHIP	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____
CONTACT PERSON	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____ <p style="text-align: center;"><i>(All staff correspondence will be sent only to one designated contact person.) (Address and telephone numbers do not have to be repeated if provided above.)</i></p>
REQUEST	Location Address: _____ Present Zoning: _____ Present Use: _____ Specific section of <i>Statesboro Subdivision Regs.</i> from which a variance is being requested <i>(Separate application and fee required for each instance and/or provision from which a variance is sought):</i> _____ Purpose of the Variance <i>(Attach additional sheets if necessary):</i> _____ _____

FILING REQUIREMENTS	<p><i>This application will not be processed unless the following items are submitted with it:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Filing fee (\$350.00) Make check payable to: <i>City of Statesboro, Planning Department.</i> <input type="checkbox"/> Survey or plat prepared by a registered architect, engineer, surveyor or landscape architect whose seal shall be affixed, and showing property lines with lengths and bearings, adjoining streets, locations of existing structures, north arrow, and scale. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger. <input type="checkbox"/> Signed and notarized Disclosure of Campaign Contributions. <input type="checkbox"/> Application <i>must</i> be signed by property owner(s) and signatures must be original. Additional copies of this page may be attached if necessary for additional property owners.
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I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance as well as all procedures and policies of the City of Statesboro Planning Commission as those provisions, procedures and policies relate to the handling and disposition of this application. I attest that the information contained in this application is true and accurate to the best of my/our knowledge.

_____	_____	_____
(signature of applicant)	(printed name of applicant)	(date)

_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)

_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)

_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)

_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)

**City of Statesboro
 Planning Department
 50 E. Main St., 3rd Floor
 P. O. Box 348
 Statesboro, GA 30459-0348
 Telephone (912) 764-5468
 Fax (912) 764-4691**

Rec'd by:	Date:
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City of Statesboro

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(Required by Title 36, 67A, Official Code of Georgia Annotated)

Case Number: _____

Application to rezone real property described as follows:

Property Address/ Location: _____

Please check that which applies:

- I have not within the two years preceding the above application made campaign contributions aggregating \$250.00 or more to a government official(s) of the City of Statesboro who will consider the application.
- I have within the two years preceding the above application made campaign contributions aggregating \$250.00 or more to a government official(s) of the City of Statesboro who will consider the application. The contribution(s) are as follows:

Official's Name:	Position:	Contribution amount:	Date of Contribution:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby declare and confirm that all statements herein are true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public