



Case No. \_\_\_\_\_

# VARIANCE APPLICATION (ZONING)

<b>APPLICANT INFORMATION</b>	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail: _____
<b>PROPERTY OWNERSHIP</b>	Property Owner(s) _____ Mailing address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail: _____
<b>CONTACT PERSON</b>	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail: _____ <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>
<b>REQUEST</b>	Location Address: _____ Present Zoning: _____ Present Use: _____ Specific section of <i>Statesboro Zoning Ordinance</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> ): _____ _____

<b>REQUEST CONTINUED</b>	Any prior zoning variance request on this property?    Yes _____    No _____  <b>If yes:</b> Name of Applicant: _____  Application #: _____  Date of Public Hearing: _____
<b>FILING REQUIREMENTS</b>	<p><b><i>This application will not be processed unless the following items are submitted with it:</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Filing fee:</b> (\$150.00 [Single-family residential district], \$250.00 [R-3 &amp; R-4 Multi-family districts], and \$250.00 [Commercial &amp; Industrial Districts]). Make a check payable to: <b>City of Statesboro.</b></li> <li><input type="checkbox"/> <b>Survey or plat,</b> drawn to scale, showing north arrow, land lot and district, the dimensions, acreage and location of the tract, and existing and intermediate regional floodplains and structures, as shown on the Federal Emergency Management Agency FIRM rate maps for Bulloch County, prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger.</li> <li><input type="checkbox"/> Submit a copy of recorded covenants and restrictions, if applicable.</li> <li><input type="checkbox"/> Submit a copy of the Tax Property Record Card for the parcel from the Tax Assessor's Office.</li> <li><input type="checkbox"/> A list of any zoning conditions proposed by the applicant.</li> <li><input type="checkbox"/> <b>Signed and notarized Disclosure of Campaign Contributions.</b></li> <li><input type="checkbox"/> <b>Application must be signed by property owner(s) and signatures must be original.</b> Additional copies of this page may be attached if necessary for additional property owners.</li> </ul> <p>(*Note: Base fee for split-zoning requests based on most expensive district requested.)</p>

*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/we 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)

**City of Statesboro  
 Planning Department  
 50 E Main St, 3<sup>rd</sup> Floor  
 P O Box 348  
 Statesboro, GA 30459-0348  
 Telephone (912) 764-0630  
 Fax (912) 764-0664**

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: \_\_\_\_\_ Property Address/Location: \_\_\_\_\_

The following disclosures are required from each of the following persons: the owner, the applicant if the applicant is different from the owner; and any representative of the owner or applicant.

Pursuant to the Conflict of Interest in Zoning Act, O.C.G.A § 36-67A-1 et seq., any applicant of this rezoning who has made, within two years immediately preceding the filing of the application, campaign contributions aggregating \$250.00 or more to the Mayor, City Council or any Planning Commission member, should file an **OPPONENT OF REZONING ACTION CAMPAIGN DISCLOSURE REPORT**, showing contribution amount(s) and date(s). Such disclosure should be filed at least five calendar days prior to the Planning Commission’s hearing. **Violation of this Act shall not affect the validity of the rezoning, but such action may be a misdemeanor under O.C.G.A. § 36-67A-4.**

Please check that which applies:

- I have not within the two years preceding the above application made campaign contributions and/or gifts aggregating \$250.00 or more in value 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 and/or gifts aggregating \$250.00 or more in value 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.

\_\_\_\_\_  
PRINTED Name of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public