



Case No. _____

ADMINISTRATIVE VARIANCE APPLICATION (ZONING)

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: _____ Tax Map Number _____ Present Zoning: _____ Present Use: _____ Administrative Variance Requested (please check one – you may submit additional Administrative Variance applications for additional variances requested): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Setback Lines <input type="checkbox"/> Building Coverage <input type="checkbox"/> Required Off Street Parking <input type="checkbox"/> Width of Parking Spaces <input type="checkbox"/> Buffer Requirements </div> <div style="width: 50%;"> <input type="checkbox"/> Paver Requirements <input type="checkbox"/> Lighting Standards <input type="checkbox"/> Active Frontage Requirements <input type="checkbox"/> Blue Mile Overlay Requirements <input type="checkbox"/> Minimum/Maximum Dwelling Size </div> </div> Requirement: _____ Request: _____

REQUEST	<p>Description of Administrative Variance (<i>Attach additional sheets if necessary</i>):</p> <hr/> <hr/> <hr/>
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 (\$50.00 - Make check payable to: <i>City of Statesboro</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 scaled copy and one reproducible size (11" x 17" or smaller). <input type="checkbox"/> Signed and notarized Disclosure of Campaign Contributions. <input type="checkbox"/> Statement of Hardship. <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.
STATEMENT OF HARDSHIP	<p><i>Attach additional pages as necessary.</i></p> <p><input type="checkbox"/> Yes Are there special conditions pertaining to the land or structure in question because of its size, shape, topography, or other physical characteristic? Explain:</p> <p><input type="checkbox"/> No _____</p> <p><input type="checkbox"/> Yes If so, is that condition common to other land or buildings in the general vicinity or in the same zoning district?</p> <p><input type="checkbox"/> No _____</p> <p><input type="checkbox"/> Yes Are the special conditions and circumstances the result of the actions of the applicant?</p> <p><input type="checkbox"/> No _____</p> <p><input type="checkbox"/> Yes Would the application of the ordinance to this particular piece of property create an unnecessary hardship? Explain:</p> <p><input type="checkbox"/> No _____</p> <p><input type="checkbox"/> Yes Would relief, if granted, cause substantial detriment to the public good or impair the purposes and intent of the zoning regulations? Why or why not?</p> <p><input type="checkbox"/> No _____</p>

STAFF USE ONLY	<i>I have reviewed the request for Administrative Variance(s) as identified and described herein. I have considered the basis for the request as indicated and described by the applicant together with the supplementary materials submitted.</i>	
	ZONING ADMINISTRATOR DETERMINATION	
	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Signature: _____	Date: _____
	ENGINEERING CONCURRENCE	
	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Signature: _____	Date: _____
	Conditions (if any): _____ _____	

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 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 & Development Department
50 E Main St, 3rd Floor
P O Box 348
Statesboro, GA 30459-0348
Telephone (912) 764-0630
Fax (912) 764-0664**

Rec'd by: _____	Date: _____
-----------------	-------------



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:
------------------	-----------	----------------------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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