



Case No.

VARIANCE APPLICATION (ZONING)

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: \$250.00 [Single-family residential district], \$300.00 [R-3 & R-4 multi-family districts], \$350.00 [Commercial & Industrial districts]. Make check payable to: City of Statesboro, Planning Department.<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"/> Right Start meeting date _____ and attach the Right Start notes (PDF) to this application.<input type="checkbox"/> Statement of Hardship (can be a separate document).<input type="checkbox"/> Signed and notarized Disclosure of Campaign Contributions.<input type="checkbox"/> Application must be signed by property owner(s) and signatures must be original. <p>Additional copies of this page may be attached if necessary for additional property owners.</p>
APPLICANT INFORMATION	<p>Applicant: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
PROPERTY OWNERSHIP	<p>Property Owner (s): _____</p> <p>_____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>

CONTACT PERSON	<p>Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>(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.)</p>
REQUEST	<p>Location Address: _____</p> <p>Tax Map Number: _____</p> <p>Present Zoning: _____ Present Use: _____</p> <p>Specific section of Statesboro Zoning Ordinance 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>):</p> <p>_____</p> <p>_____</p> <p>Requirement: _____ Request: _____</p> <p>Purpose of the Variance (<i>Attach additional sheets if necessary</i>)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Attach additional pages as necessary.

- ☐ YES Are there special conditions pertaining to the land or structure in question because of its size,
☐ NO shape, topography, or other physical characteristic? Explain:

- ☐ YES IF so, is that condition common to other land or buildings in the general vicinity or in the same
☐ NO zoning district?

- ☐ YES Are the special conditions and circumstances the result of the action of the applicant?
☐ NO

- ☐ YES Would the application of the ordinance to this particular piece of property create an
☐ NO unnecessary hardship? Explain:

- ☐ YES Would relief, if granted cause substantial detriment to public good or impair the purposes and
☐ NO intent of the zoning regulations? Why or why not?

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) 764-0630
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: _____

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