

Variance Application

Carroll County
423 College Street

Department of Community Development
Carrollton, GA 30117 (770) 830-5861



Date Received: _____
Received by: _____

*Application must be filed by noon on the 1st Thursday of the month to go on the next month's agenda.
No exceptions*

Please complete the blanks with the requested information. If any of the information or required materials is missing or incomplete, the application will not be processed.

APPLICANT	Applicant Name: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: () _____ - _____ Fax: () _____ - _____ Email: _____
	Agent Name: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: () _____ - _____ Fax: () _____ - _____ Email: _____
	Owner Name (If different from applicant): _____
	Address: _____
	Phone: () _____ - _____ Fax: () _____ - _____
	<i>(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)</i>

CONDITIONAL USE	Project Name: _____
	Variance Location (attach location map): _____
	Proposed Use: _____
	Total acreage: _____
	Describe Proposed Variance: _____

Staff Use Only

Land Lot _____ of the _____ District, Carroll County	Tax Map _____	Parcel _____
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SPECIFIC INFORMATION

Describe how the proposed Variance will affect:

Traffic:

Parking:

Availability of Public Facilities/Utilities:

Other relevant Impacts of the Proposal:

Describe how the proposed Rezoning will be a benefit to the public.

Required Materials to Accompany the Application:

1. Completed application and the fee.
2. Copy of deed, lease, option agreement or other evidence of ownership or applicant's interest in the property. If the applicant is not the owner, attach a notarized statement signed by the owner authorizing the applicant to request the amendment.
3. All required items listed in the **Submittal Requirements checklist**.

Return Form to:

*Artagus Newell or Margie Milam
Department of Community Development
423 College Street
Carrollton, Georgia 30117*

For Department Use Only

Application No: _____
Filing Fee: _____
Pre-Application Conf: _____
Date Advertised: _____
Date Notices Sent: _____
PC Public Hearing Date: _____
BoCC Public Hearing Date: _____
Disposition: _____
Approved by Resolution #: _____

Variance Application

Submittal Requirements

Case No: _____

Date of Application: _____

Unless specifically exempted in writing by the Director of Community Development, the applicant shall submit the following information and drawings as part of the review process:

- _____ A completed application
- _____ Applicable fees (\$150)
- _____ Parcel Information Sheet with a Certificate of Zoning Compliance
- _____ Signed notarized affidavit
- _____ A copy of the property deed including a legal description of the parcel.
- _____ A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.
- _____ Names and addresses of all surrounding property owners, which can be obtained from the Map Room #414
- _____ Two 24" x 36" aerial photos, , which can be obtained from the Map Room #414
- _____ 10 copies of a current boundary survey
- _____ 10 copies of site plan (if applicable)

PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be completed by Map Room Personnel in Room #414

MAP ROOM OFFICAL: _____

MAP: _____ **LAND LOT:** _____

PARCEL: _____ **DISTRICT:** _____

CURRENT PROPERTY OWNER: _____

PROPERTY OWNER AS OF JANUARY 1ST: _____

APPLICANT (IF DIFFERENT FROM OWNER): _____

PROJECT ADDRESS: _____

CITY: _____

SUBDIVISION: _____ **LOT #:** _____

ACREAGE: _____ **PARCEL SPLIT FROM:** _____

CURRENT ZONING CLASSIFICATION		
REQUIRED SETBACKS	FRONT	
	SIDE	
	REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST		
<input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification		
Signature of Zoning Administrator or Designee: _____ Date: _____ Comments: _____		
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of Zoning Administrator or Designee: _____ Date: _____ Comments: _____

Sketch of Property

<i>Please check:</i>	CONVENTIONAL	MANUFACTURED HOME	COMMERCIAL
	ACCESSORY BUILDING OR ADDITIONS	OTHER: _____	

- ⇒ Provide a sketch of proposed building location, driveway, septic tank location and all additional structures.
- ⇒ Show the ***dimensions*** of the lot and all setbacks from the house and other structures to all property lines.
- ⇒ The front setback shall always be measured from the centerline of the frontage road(s).
- ⇒ Show location of any wells, trash pits and all easements (drainage or utility) located on the property.
- ⇒ Show distance to nearest stream or lake on property, or if not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: _____

Describe the type of structure that you plan to build: _____

Is this a Multiple Road Frontage Lot: _____

STATE OF GEORGIA
COUNTY OF CARROLL



AFFIDAVIT FOR A _____

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a _____ under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Address: _____

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

If Affiant is authorized to sign on behalf of a
partnership, corporation, or other organization or
entity, please set forth the entity and address

Notary Public

My Commission Expires:

Entity:
Address: _____

Appearance Statement

Appearance Before Commission Bodies Required

To process the application for Conditional Use Permits or Rezoning, the Developer, Owner, Applicant, Agent or a Representative thereof must be present to *personally* request said Conditional Use or Rezoning before BOTH the Planning Commission AND the Board of Commissioners. Applicants requesting a Variance must also *personally* present their request in front of the Community Development Board of Appeals.

Failure to personally appear before *either* required Board may result in denial of request, or an extended waiting period before the next available meeting. *Requests that are denied by the Board of Commissioners cannot be re-submitted for consideration for a term not less than one (1) year from the date of the denial by the Board of Commissioners.*

The Planning Commission will hear your request on; _____ at 6:30 PM

The Board of Commissioners will hear your request on; _____ at 6:00 PM

The Board of Appeals will hear your request on; _____ at 5:30 PM

IMPORTANT

An orange stake shall be placed on the subject property until the zoning sign is affixed. Failure to place and/ or maintain the stake *will delay your application for 30 days*. It is the sole responsibility of the owner/applicant to place the stake and maintain its placement until the sign is affixed. Owner/applicant shall notify Community Development immediately if the sign is removed, defaced, incorrect etc. Owner/applicant shall have five business days in which to place the stake after the filing deadline. (3rd Tuesday of each calendar month)

Applicant Signature. _____

Date. _____

* All meetings are held in the Commission Chambers of the David Perry Administration Building located at 423 College Street, Carrollton, GA 30117.

* Unless otherwise stated.

Variance Application

Application Process

Application Filed with Department

- Pre-application conference date is set
- Staff reviews application for completeness
- Once complete, placed on agenda for Community Development Board of Appeals

Notification

- Notice of application made public
- Newspaper, sign posed, & letter sent to adjacent property owners

Board of Appeals Public Hearing

- Set for 1st Thursday of the following month
- Consideration of applicant and public testimony

Board of Appeals Decision

DENIAL

APPROVAL

Notice of Final Determination

