



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

APPLICATION FOR A VARIANCE

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:** () _____ - _____

(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)

VARIANCE

Project Name: _____
Variance Location (attach location map): _____

Proposed Use: *(If residential, residence must be at least 1,230 square feet)* _____

Total acreage: _____

Describe Proposed Variance:

Staff Use Only

Land Lot ____ of the ____ District, Carroll County

Tax Map ____ Parcel ____



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Describe how the proposed Variance will affect:

Traffic:

Parking:

Availability of Public Facilities/Utilities:

Other Relevant Impacts of the Proposal:

Describe how the proposed Variance 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 **Submitted Requirements** checklist.

Return form to:

Janet Hyde, County Planner
423 College Street, Room 503
Carrollton, GA 30117

For Department Use Only

Application No.: _____
Filing Fee: \$ _____
Pre-application Conf.: _____
Date advertised: _____
Date Notices Sent: _____
BOA Public Hearing Date: _____
Disposition: _____
Decision Letter Sent: _____



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Variance Application

Submittal Requirements

Case No: _____

Date of Application: _____

A pre-application conference with staff must take place prior to the submittal of a variance application.

An application **MUST** have the following to be accepted:

1. Copy of the deed of the property.
2. Names and addresses of all property owner(s) who have property adjoining the tract which has been petitioned to be rezoned.
3. If the property owner and applicant is not the same person, complete the authorization of property owner form.
4. Copy of the proposed development plan (subdivision layout, site plans etc.)
5. Pay non-refundable \$150 filing fee, which has been established by the Board of Commissioners.
6. Completed Parcel Information Sheet filled out by Staff or an official in the Map Room.
7. Current Boundary Survey.

APPLICATION WILL NOT BE PROCESSED IF ANY OF THE ABOVE REQUIREMENTS ARE MISSING.

Return Form to:

*Janet Hyde, County Planner
Department of Community Development
423 College Street
Carrollton, Georgia 30117*



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PARCEL INFORMATION SHEET
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE
To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
<i>REQUIRED SETBACKS</i>		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 County Planner or Designee: _____ Date: _____			
Comments: _____			
<i>CDP COMPLIANCE</i>	<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: _____	
<u>APPROVED FOR NEW ADDRESS</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	



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SKETCH OF PROPERTY

Please check: COMMERCIAL OTHER: _____

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other 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. 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: (If residence, must be at least 1,230 sf) _____

Is this a multiple road frontage lot? _____

Sketch of Property



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR A VARIANCE APPLICATION

_____, 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 **VARIANCE APPLICATION** 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

Entity: _____
Address: _____

Notary Public

My Commission Expires: _____



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Appearance Statement

Appearance Before Commission Bodies Required

To process the application for a Variance, the Developer, Owner, Applicant, Agent, or a Representative thereof must be present to personally request said Variance before the Board of Appeals:

Failure to personally appear before the Board of Appeals may result in denial of request, or an extended waiting period before the next available meeting. *Requests that are denied by the Board of Appeals 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 Appeals.*

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

IMPORTANT

A Variance Notice shall be placed on the subject property until after a decision is rendered in the case. Failure to maintain the sign *will delay your application for 30 days*. It is the sole responsibility of the owner/applicant to maintain its placement until after a decision has been rendered. Owner/applicant shall notify Community Development immediately if the sign is removed, defaced, incorrect etc.

Applicant Signature. _____

Date. _____

- * All Board of Appeals meetings are held in Room 501 at 423 College Street, Carrollton, GA 30117.
- * Unless otherwise stated.



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Variance Application Process

**Pre-application
required before filing
application.**

Application Filed with Department

- Staff reviews application for completeness
- Once complete, placed on agenda for Board of Appeals

Notification

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

Board of Appeals Public Hearing

- Set for 1st Thursday of the following month at 5:30
- Consideration of staff analysis, applicant, and public testimony

Board of Appeals Decision

If denied, no application can be made on the property for the next 12 months.