

**Application for Variance from the Official Zoning Ordinance
of
Gordon County, Georgia**

Application Date: _____	Application Number: _____
<i>(Office Use)</i>	

Application is hereby made to the Gordon County Planning Commission for the purpose of seeking a variance from the terms of the Official Zoning Ordinance of Gordon County, Georgia.

The Planning Commission will hear this application on _____.

(Please Print or Type)

Applicant: _____

Address: _____

Property Owner: _____

Address: *(If different from Above)* _____

Phone Number: _____ E-Mail: _____

Agent or Legal Representative: *(If applicable)* _____

Address: _____

Phone Number: _____ E-Mail: _____

(The applicant and/or representative must be present at all public hearings)

Request Information

Location of Property: _____
(street address, intersecting roads, etc.)

Land Lot(s): _____ District(s): _____

Section(s): _____ Acreage: _____

County Tax Map and Parcel #: _____

Application Number: _____

Request Information (cont.)

Present Zoning District: _____

Variance Request: *(Please include Zoning Ordinance Article and Section number)*

In accordance with Unified Land Development Code Section 9.02.01(6), in determining whether to grant a variance, the Gordon County Planning Commission shall consider, along with other relevant facts, the following:

- a. There are extraordinary and exceptional conditions pertaining to the particular piece of property in question because of its size, shape or topography.*
- b. The application of this ULDC to this particular piece of property would create an unnecessary hardship.*
- c. Such conditions are peculiar to the particular piece of property involved.*
- d. Relief, if granted, would not cause substantial detriment to the public good or impair the purposes and intent of this ULDC, provided, however, that no variance may be granted for a use of land or building or structure that is prohibited by this ULDC.*

Upon review of the above criteria, please state the reason (HARDSHIP) for the requested variance:

Applicant's Signature

Date

Property Owner's Signature (If different)

Date

Signed and sealed in the presence of:

Notary Public

Commission Expires

Application Number: _____

Please list all individuals, firms and/or corporations owning property adjacent to the subject property on all sides and across any natural or manmade boundaries (*this includes roads, rivers, railroads etc.*) and place the owner's name on the appropriate parcel on the attached survey.

PLEASE BE ADVISED THAT RELIANCE ON TAX ASSESSOR'S RECORDS MAY NOT PROVIDE THE APPLICANT WITH THE MOST RECENT OWNERS.

NAME

ADDRESS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____
- 17) _____

(Please attach additional pages if necessary)

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Regarding Application # _____

Pursuant to O.C.G.A. 36-67A-3, any and all applicants to a rezoning action must make the following disclosures:

Please indicate below if you have made a campaign contribution to any member of the Board of Commissioners of Gordon County or any member of the Planning Commission within two (2) years immediately preceding the filing of this application aggregating \$250.00 or more or made a gift to any of the above having the aggregate value of \$250.00.

Board of Commissioners

	YES	NO
Bud Owens, Chairman	_____	_____
Kevin Cunningham, Vice Chairman	_____	_____
Chad Steward	_____	_____
Bruce Potts	_____	_____
Kurt Sutherland	_____	_____

Planning Commission Members

Randy Rule, Chairman	_____	_____
Jerry Lovelace, Vice-Chairman	_____	_____
Sabrina Poole	_____	_____
Tommy Hibberts	_____	_____
Ken Dinning	_____	_____

If yes to any of the above, please indicate again below to whom the donation was made, the dollar amount donated, date of donation, and if a gift, the value and description of said gift:

Any applicant failing to make any disclosure as required by O.C.G.A. 36-67A-4 shall be guilty of a misdemeanor. I hereby swear that all the above information is true and correct to the best of my knowledge.

Applicant's Signature

Date

**Cover Sheet
Request for Variance**

Application Number: _____

Date of Planning Commission Meeting: _____

Applicant: _____

Property Owner: *(if different from applicant)* _____

Property Address: _____

Said Property having a frontage of _____ feet and containing _____ acres.

Official Zoning Map Classification: _____

Requested Variance: _____

Zoning Ordinance Section: _____

Reason for Variance: _____

Directions to Property: _____
