

VARIANCE APPLICATION

Date Received:	-
Received By:	
Case #:	-
Inv. #:	_

PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

RE	QUESTED VARIANCE:						
I.	REQUIRED ITEMS:						
	Please check & confirm all required items below are being submitted with application.						
	☐ Application fee in the amount of \$300.00 made payable to the City of Covington;						
	☐ One (1) original signed application;						
	One copy of a legal description with metes and bounds of the property. If there are multiple properties, each property must be combined into one legal description. If the properties are contiguous, a separate application and legal description shall be submitted for each properties.	re not					
	One copy of a property survey (drawn to scale); on 11x17 paper, otherwise two (2) copies necessary of larger than 11x17, and prepared by an architect, engineer, landscape architect, land surveyor whose state registration is current and valid, showing:						
	 North arrow Land lot and district Tract location Dimensions along all property lines Acreage of the tract Street names and right-of-way dimensions of abutting streets Preparer's signature and seal affixed to the plat 						
	☐ One Site Plan showing proposed layout of property (if applicable to variance requested).						
	 Project name Property owner's name and contact information Date Scale North arrow Vicinity map Total acreage and net acreage Existing and proposed streets and right-of-ways Existing and proposed building locations Floodplain boundary Required setbacks and buffers Driveways Parking spaces 						
	☐ One (1) set of digital plans						
	 One (1) copy of a Letter of Intent describing the rationale behind the proposed variance as intended timing and phasing of any development 	nd the					
	☐ One (1) copy of any additional plan(s) necessary to supporting applicant's request.						



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II. P	ROPERTY OWNER:				
Nam	ne:				
Add	ress:				
Cell Phone: Home Phone:					
Ema	ail Address:				
III. A	APPLICANT INFORMATION: (If dif	ferent from proper	ty owner)		
Nam	ne:				
Add	ress:				
Cell	Cell Phone: Home Phone:				
Ema	ail Address:				
<u>IV. F</u>	PROPERTY INFORMATION:				
Prop	perty Address:				
Tax Parcel ID: Pa		Parcel Size:			
Exis	ting Land Use:				
Exis	ting Zoning District:				
٧.	PROPERTY OWNER(S) PRINTED	SIGNATURE:			
•	PROPERTY OWNER(S) SIGNATU	IRE:	_		
VI.	APPLICANT(S) PRINTED SIGNAT	ΓURE:			
;	APPLICANT(S) SIGNATURE:				



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VII. REVIEW STANDARDS:

The City of Covington's Board of Appeals and Adjustments uses the following standards in reviewing and authorizing variances from the terms of the zoning ordinance. Please submit, with this application, a separate written narrative in response to each of the following standards:

- 1. Describe any extraordinary and exceptional conditions pertaining to the subject property in question because of its size, shape or topography:
- 2. How would the application of this zoning ordinance to the subject property create an unnecessary hardship?
- 3. Explain how such conditions are peculiar to the subject property:
- 4. Explain how such conditions are not the result of any actions of the property owner:
- 5. If relief is granted, please explain how it would not cause substantial detriment to the public good or impair the purposes or intent of this zoning ordinance:

VIII. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVES:

if Applicant is not the property owner, this section must be	completed and notanzed by a Notary Public.		
I,,owner of the subject	property identified in this application, do		
nereby authorize to act as my applicant/representative(s) in all matters pertaining to the processing and approval of this application including the modification of the project according to the terms and conditions set forth in the City of Covington. I agree to be bound by all representations and agreements made by designated representative.			
Printed name of current property owner:			
Signature of current property owner:	Date:		
Printed name of current property owner:			
Signature of Representative if appointed:	Date:		



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IX. DISCLOSURE OF CAMPAIGN CONTRIBUTIONS: O.C.G.A., Section 36-67A-3, requires that applicants shall submit all disclosures of campaign contributions. Has property owner or applicant, within the two years preceding the date of this application, made campaign contributions or gifts aggregating \$250.00 or more, to a member of City Council, or a member of the Planning Commission? Yes \(\square\) No \(\square\) If yes, please provide the following information: Name and Official Position of Contribution Amounts (list all Date of Contribution(s) Government Official which totals to \$250.00 or more) X. CONFLICT OF INTEREST CERTIFICATION: The undersigned below, makes application for a variance, and has complied with the Official Code of Georgia Section 36-67A-1, et. Seq, Conflict of Interest in Zoning Actions, and submitted or attached required information on the forms provided. Title 36 relates to the disclosure of financial interests, campaign contributions, and penalties for violating the Official Code of Georgia. Signature of property owner: Date: Signature of applicant or owner's representative(s): ______ Date: Sworn to and subscribed to me this Day of 20 Notary Public: _____ **XI. CERTIFICATION:** _____, the owner or authorized representative of the owner, have read and understand the contents of this application. I certify that the information contained herein, including attachments and all other supporting information, is complete and true, to the best of my knowledge and belief. Printed name of applicant or owner's representative: Signature of applicant or owner's representative: ______ Date: _____ Sworn to and subscribed to me this Day of 20

Notary Public: