



CITY OF STATHAM

**PO BOX 28
STATHAM, GA 30666
(770) 725-5455**

APPLICATION FOR VARIANCE

**COST: \$500.00 - (Public Hearing Required)
\$100.00 - (Administrative Variance)**

Please complete this application and submit with all necessary attachments as stated below (type or print).

APPLICANT INFORMATION

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Contact Person _____
Email _____

OWNER INFORMATION

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Contact Person _____
Email _____

APPLICANT IS THE:

____ Owner's Agent ____ Property Owner ____ Contract Purchaser

Property Address _____

Building Permit Number (if construction has begun) _____

Subdivision or Project Name _____ Lot/Block _____

Zoning Classification _____ Parcel No. _____

Please attach a plat unless located in a recorded subdivision.

Variance Requested:

Please attach a letter of intent explaining what land use is proposed, and include your justification for the Variance request.

**A Variance cannot be processed until a completed application and all necessary information is submitted.

**A Variance from a condition of zoning cannot be accepted.

APPLICANT CERTIFICATION

I, the undersigned, do hereby certify that I am the applicant making application and all information contained herein is believed to be true and accurate.

Signature of Applicant / Date

Typed or Printed Name and Title

Signature of Witness / Date

OWNER CERTIFICATION

I, the undersigned, do hereby certify that I am the property owner or property owner's authorized agent making application, and all information contained herein is believed to be true and accurate.

Signature of Property Owner / Date

Typed or Printed Name and Title

Signature of Witness / Date

FOR CITY USE ONLY

Date Received _____ Received By _____

Fee \$ _____ Reference No. _____

_____ Approved _____ Rejected

By _____ Date _____

Justification: _____