

CITY OF BOGART VARIANCE APPLICATION

Variance Request Description: _____

Applicant

Property Owner

Name: _____

Name: _____

Address: _____
(No P.O. Boxes)

Address: _____
(No P.O. Boxes)

Telephone: _____

Telephone: _____

Applicant is (check one): the Property Owner Not the Property Owner (attach Property Owner's Authorization)

Applicant's Certification: I hereby certify that the information contained in and attached to this application is true and correct.

Signature: _____ Date: _____ Notarized: _____

Property

Use

Location: _____
(Physical Description)

Current Use: _____

Tax Parcel Number: _____

Proposed Use: _____

Size (Acres): _____ Current Zoning: _____

Future Development Map—Character Area Designation: _____

Attachments (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Property Owner's Authorization (if applicable) | <input type="checkbox"/> Narrative (Detailed Description of the Request) |
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Concept Plan |
| <input type="checkbox"/> Warranty Deed | <input type="checkbox"/> Attachments to the Concept Plan: |
| <input type="checkbox"/> Typed Legal Description | <input type="checkbox"/> Pre-approved Sanitary Sewer Extension Submittal |
| <input type="checkbox"/> Plat of Survey | <input type="checkbox"/> Representative Architecture/Photographs |
| <input type="checkbox"/> Disclosures (Interest & Campaign Contributions) | <input type="checkbox"/> Proof all property taxes paid in full |
| <input type="checkbox"/> Zoning Impact Analysis | <input type="checkbox"/> Other Attachments: _____ |