



# OCONEE COUNTY APPEAL APPLICATION

Type of Appeal Submitted:

- Hardship Variance   
  Appeal of Administrative Decision   
  Flood Damage Prevention Variance  
 Special Exception for: \_\_\_\_\_

<b>Applicant</b> Name: _____ Address: _____ <div style="text-align: center; font-size: small;">(No P.O. Boxes)</div> _____ Telephone: _____	<b>Property Owner</b> Name: _____ Address: _____ <div style="text-align: center; font-size: small;">(No P.O. Boxes)</div> _____ Telephone: _____
<b>Applicant is</b> (check one): <input type="checkbox"/> the Property Owner <input type="checkbox"/> Not the Property Owner (attach Property Owner's Authorization)	
<b>Applicant's Certification:</b> I hereby certify that the information contained in and attached to this application is true and correct.	
Signature: _____ Date: _____ Notarized: _____	

<b>Property</b> Location: _____ _____ Tax Parcel Number: _____ Size (Acres): _____ Current Zoning: _____ Future Development Map—Character Area Designation: _____	<b>Use</b> Current Use: _____ _____ Proposed Use: _____ _____
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<b>Attachments</b> (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Property Owner's Authorization (if applicable)</li> <li><input type="checkbox"/> Application Fee</li> <li><input type="checkbox"/> Warranty Deed(s), Legal Description, &amp; Plat of Survey</li> <li><input type="checkbox"/> Disclosures</li> <li><input type="checkbox"/> Maps or Drawings Illustrating Variance Request</li> <li><input type="checkbox"/> Narrative Statement Explaining Variance Request</li> <li><input type="checkbox"/> Concept Plan</li> </ul>	<b>Appeal or Variance Requested</b> <i>Provide the code section and briefly explain the requested variance</i> _____ _____ _____ _____ _____
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For Oconee County Staff Use Only	
<b>Application</b> <ul style="list-style-type: none"> <li>Date Received: _____ Date Accepted: _____</li> <li>DRI Transmitted to RDC <input type="checkbox"/> Date: _____ <input type="checkbox"/> N/A</li> <li>Review Submitted: _____ Location Map: _____</li> <li>Posted: _____ Ad: _____ Ad: _____</li> <li>Application Withdrawn <input type="checkbox"/> Date: _____</li> </ul>	<b>Action</b> <p style="text-align: center;"><b>APPLICATION NUMBER</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p> <b>Administrative Appeal:</b> Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> With Conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A <b>Board of Commissioners</b> Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> With Conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A