



**PLANNING AND DEVELOPMENT SERVICES DEPARTMENT  
APPLICATION FOR VARIANCE**

Date Received: \_\_\_\_\_

Application Number: \_\_\_\_\_

**Instructions for Applicant:**

Please complete this form and submit with any requested documents in order to complete the Variance Application. We recommend that all development professionals conducting business in the City of Griffin review the current Unified Development Code (UDC), prior to submission of this application, depending on the type of development. The UDC can be found at [www.cityofgriffin.com](http://www.cityofgriffin.com).

The application, with all appropriate attachments (listed below), should be delivered to the Planning & Development Services Department located at 100 S. Hill Street, 3<sup>rd</sup> Floor, Griffin, GA 30223. You may reach our office by phone at (770)233-4130 between the hours of 7:30 AM and 4:30 PM Monday thru Friday. Please contact our office if you have any questions about this application or the Variance Process.

**Variance Application Submission Requirements:**

1. Complete Variance Application
2. Complete Variance Questionnaire
3. Property Owner or Owner's Representative Authorized Form
4. Conflict of Interest Disclosure
5. Site Plan or drawing of the respective development
6. Fees Due: Commercial \$300.00/Residential \$250.00

**CITY ACTIONS:**

Planning & Development Services Staff will determine if the application is complete, assign a case number to the application, and indicate the date of receipt. The applicant will be notified in writing of the date, time and place of the required Public Hearing before the City of Griffin Board of Commissioners. It is important that a representative of the requested Variance attend the Public Hearing.

The applicant, engineer, or other representative is responsible for obtaining copies of all applicable City of Griffin ordinances and development guidelines, codes, and regulations, and to resolve all comments received and related issues.



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Applicant/Agent/Representatives Name:  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Project Name/ Description: \_\_\_\_\_

Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Parcel(s) Size: \_\_\_\_\_

UDC Section to be Varied \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

I attest that this Variance Application, and all attachments, meet all applicable requirements of the City of Griffin ordinances and development guidelines, codes and regulations to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature Printed Name Date



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Project Name/ Description: \_\_\_\_\_

Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Parcel(s) Size: \_\_\_\_\_

- One (1) copy of a site plan, boundary survey, or Tax Map of the property

A. The following information must be submitted with the Variance Application:

1. Completed application form.
2. Detailed description of existing land uses on all contiguous property;
3. The location of the subject property including street numbers, if available;
4. A boundary plat of the subject property, prepared in accordance with the Georgia Plat Act, showing the dimensions of acreage, location of tract and location of all existing improvements and easements;
5. A site plan drawn to scale showing:
  - a. Any and all improvements to be constructed if the application is approved, along with the proposed use and dimensions of all structures;
  - b. A statement with any prior conditions to zoning, plat and/or prior variance request approvals granted by the City of Griffin;
  - c. Site plans with variance requests shall indicate the dimension of the proposed subject of the variance request (see 415 [section 410] for variance procedures).
6. Spalding County Tax Map, block and lot number of the appropriate plat reference;
7. The present and proposed zoning district classification for the subject property;
8. The name and address of the owner of the subject property;
9. The area of land of the subject property, stated in square feet if less than one acre;
10. Date of application;
11. Any prior applications or actions for rezoning of all or part of the subject property within the past five years;
12. Documentation supporting the request based upon the standards of this article.



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B. Please provide written answers to the following criteria to justify a Request for Variance:

1. State how there are extraordinary and exceptional conditions pertaining to the particular piece of property in question because of its size, shape or topography.
2. State how the application of these regulations to this particular piece of property would create a practical difficulty or unnecessary hardship.
3. State how such conditions are peculiar to the particular piece of property involved.
4. Indicate how relief, if granted, would not cause substantial detriment to the public good or impair the purposes and intent of these regulations, provided, however that no variance may be granted for a use of land or building or structure that is prohibited by this ordinance.
5. State how a literal interpretation of this ordinance would deprive the applicant of any rights that others in the same district are allowed.



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**OWNER’S AUTHORIZATION**

This is to certify that: \_\_\_\_\_ is the Property Owner or Legal Representative of the Owner holding interest in the property that is the subject of the attached application.

By execution of this form, authorization is given to the person named as “Applicant” below, acting on behalf of the owner, to file for and pursue a request for approval of the following.

- Rezoning                       Variance                       Special Use
- Development Plan               Plat Approval               Temporary Use

Applicant Name: \_\_\_\_\_

Property Owner Signature	Printed Name	Date
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Legal Representative Signature	Printed Name	Date
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Notary Signature	Seal:
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Commission Expiration Date: \_\_\_\_\_



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**CONFLICT OF INTEREST DISCLOSURE**

Have you, within the two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Board of Commissioners, a member of the Planning & Zoning Board, or any other government official who will consider this application?

Yes       No

If **yes**, please complete the following section:

- Name and position of Government Official:

\_\_\_\_\_

- Please list the date and amount of contribution(s) (aggregate total of \$250.00 or more).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date