



APPLICATION FOR VARIANCE OR APPEAL

(Owner/Applicant/or Representative must be present at all public hearings)

(NOTE: CORRESPONDENCE IS HANDLED VIA EMAIL UNLESS OTHERWISE REQUESTED)

For Office Use Only:

Application #: _____ Legistar #: _____ BZA Hearing Dt: _____
City Council Hearing Dt (if applicable) #: _____ PZ #: _____

This is a variance/appeal application for:

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Board of Zoning Appeals

☐

City Council

Owner's Name _____

Documentation showing names of Principals authorized to sign application is **required for Corporations**.

EMAIL Address: _____

Mailing Address _____ Zip Code: _____ Phone Number _____

COMPLETE ONLY IF APPLICANT IS NOT OWNER:

Applicant: _____

EMAIL Address: _____

Mailing Address _____ Zip Code: _____ Phone Number _____

Address of subject property: _____ Date of Acquisition: _____

Land Lot (s) _____ District _____ Parcel _____ Acreage _____ Zoned _____ Ward _____ FLU: _____

List the variance(s) or appeal requested (please attach any additional information):

Required Information

1. Application fee (Residential - \$250; Non-residential - \$350)
2. Completed notarized application. **The original application must be submitted with ALL original signature(s) – Copies of the application or signature(s) will NOT be accepted.**
3. Copy of the deed that reflects the current owner(s) of the property. Documentation showing names of Principals authorized to sign application is **required for Corporations**.
4. Letter describing the reason for the variance request, stating why strict adherence to the code would result in a particular hardship (as distinguished from a mere inconvenience or desire to make more money).
5. **Site plan – drawn to scale.** Site plans must illustrate property lines and all relevant existing information and conditions in addition to proposed additions or modifications within the referenced property lines of the tract(s).
Copies Required: One (8 ½" x 11") -or- One (11" x 17") drawn to scale.
Optional Additional Plat size: (24"x 36"). If providing (24"x 36") then **5** copies REQUIRED of the plat size pages.
6. Copy of current tax bill showing payment or documentation certified by the City of Marietta Tax Office.

Note: The Department of Development Services reserves the right to obtain additional information that reasonably may be required in order that an informed decision may be made.

OVER



OWNER / APPLICANT CERTIFICATION

- The Owner or Applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the Applicant's knowledge and belief. Should any portion not be true, then the application may be rejected.
- Penalty for false or fraudulent statement: Whoever, in any matter, knowingly and willingly falsifies or makes any false, fictitious or fraudulent statement of representatives concerning this application shall be denied the request stated in this application.
- The Owner or Applicant hereby gives permission to enter on the property for inspection during the time application is pending.
- **CAMPAIGN CONTRIBUTIONS:** The Owner and Applicant herein certify that he/she ☐ has ☐ has not made campaign contributions or gifts aggregating \$250.00 or more to the Mayor, any member of Council or any member of the Planning Commission within the two (2) years preceding the filing of this application.

Applicant Signature (if not the Owner)

Please Print

Owner Signature

Please Print

Mailing Address

Date

Signed, sealed and delivered in the presence of:

_____ My Commission Expires: _____

Note: Owner, Applicant or Representative must be present at meeting in order for case to be heard.