

# CITY OF BOGART VARIANCE APPLICATION

Variance Request Description: \_\_\_\_\_

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

<p><b>Property</b></p> <p>Location: _____ <small>(Physical Description)</small></p> <p>_____</p> <p>Tax Parcel Number: _____</p> <p>Size (Acres): _____ Current Zoning: _____</p> <p>Future Development Map—Character Area Designation: _____</p>	<p><b>Use</b></p> <p>Current Use: _____</p> <p>_____</p> <p>Proposed Use: _____</p> <p>_____</p>
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**Attachments** (check all that apply)

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

<p><b>Application</b></p> <p>Date Received: _____ Date Accepted: _____</p> <p>DRI Transmitted to RDC <input type="checkbox"/> Date: _____ <input type="checkbox"/> N/A</p> <p>Date Submitted: _____ <input type="checkbox"/> Findings Complete</p> <p>Posted: _____ Ad: _____ Ad: _____</p> <p>Application Withdrawn <input type="checkbox"/> Date: _____</p>	<p style="text-align: center;"><b>APPLICATION NUMBER</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p><b>Planning Commission</b> Date: _____</p> <p><input type="checkbox"/> Approval    <input type="checkbox"/> With Conditions    <input type="checkbox"/> Denial</p> <p><b>Mayor &amp; Council</b> Date: _____</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> With Conditions    <input type="checkbox"/> Denied</p>
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