



# OCONEE COUNTY APPEAL APPLICATION

Type of Appeal Submitted:

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

<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>Email: _____</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 Owner</b></p> <p>Name: _____</p> <p>Address: _____ <small>(No P.O. Boxes)</small></p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p>
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<p><b>Property</b></p> <p>Location: _____</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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<p><b>Attachments</b> (check all that apply)</p> <p><input type="checkbox"/> Property Owner's Authorization (if applicable)</p> <p><input type="checkbox"/> Application Fee</p> <p><input type="checkbox"/> Warranty Deed(s), Legal Description, &amp; Plat of Survey</p> <p><input type="checkbox"/> Disclosures</p> <p><input type="checkbox"/> Maps or Drawings Illustrating Variance Request</p> <p><input type="checkbox"/> Narrative Statement Explaining Variance Request</p> <p><input type="checkbox"/> Concept Plan</p>	<p><b>Appeal or Variance Requested</b></p> <p><i>Provide the code section and briefly explain the requested variance</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<i>For Oconee County Staff Use Only</i>	
<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>Review Submitted: _____ Location Map: _____</p> <p>Posted: _____ Ad: _____ Ad: _____</p> <p>Application Withdrawn    <input type="checkbox"/> Date: _____</p>	<p style="text-align: center;"><b>APPLICATION NUMBER</b> <input style="width: 100px;" type="text"/></p> <p><b>Action</b></p> <p><b>Administrative Appeal:</b> Date: _____</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> With Conditions    <input type="checkbox"/> Denied    <input type="checkbox"/> N/A</p> <p><b>Board of Commissioners</b> Date: _____</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> With Conditions    <input type="checkbox"/> Denied    <input type="checkbox"/> N/A</p>