



Department of Development Services
205 Lawrence Street
Marietta, GA 30060
Brian Binzer, AICP, Director

APPLICATION FOR VARIANCE OR APPEAL

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

For Office Use Only:

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

This is a variance/appeal application for:

Board of Zoning Appeals

City Council

Owner's Name
Address Zip Code:
Telephone Number: Email Address:

COMPLETE ONLY IF APPLICANT IS NOT OWNER:

Applicant
Address Zip Code:
Telephone Number Email Address:

Address of property for which a variance or appeal is requested:

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 (\$250)
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.
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 (1) - (8 1/2" x 11") -or- (11" x 17") drawn to scale. Optional Additional Plat size: (24"x 36"). If providing (24"x 36") then 25 copies REQUIRED.
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

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 Board of Zoning Appeals within the two (2) years preceding the filing of the this application.

Signature of Owner

Signature of Applicant

Print Name

Print Name

FINANCIAL INTEREST

The Applicant herein certifies that he/she has has not a financial interest in the property which is ten percent (10%) or more.

Print Name

Signature of Applicant

OWNER/APPLICANT CERTIFICATION

- The Owner/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/Applicant hereby gives permission to enter on the property for inspection during the time application is pending.

Signature

Please Print

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.