



## **BRYAN COUNTY PLANNING & ZONING DEPARTMENT**

**135 S. Industrial Blvd  
Pembroke, Ga. 31321  
912-653-3893  
fax 912-653-3864**

**185 Richard Davis Drive  
Richmond Hill, Ga. 31324  
912-756-7962  
fax 912-756-7951**

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### **APPLICATION FOR VARIANCE**

- A. An "Application for Variance" accompanied by the appropriate supporting documentation must be submitted to the Bryan County Department of Planning & Zoning on or before the submittal deadline as established by the Department of and included in the application. Applications must be complete at submittal time to be considered for the agenda. Deficient applications may be delayed or postponed at the discretion of the Department.
- B. The applicant must submit the following:
1. Application for Variance
  2. Conflict of Interest Certification
  3. Response and/or written narrative of proposal
  4. Disclosure Statement
  5. Proposed site plan ( no larger than 11"x17")
  6. Authorization by Property Owner
  7. Verification of Current Taxes Paid
  8. Legal Description
  9. List of adjoining property owners names and mailing addresses
  10. Application Fee. - \$150.00
- C. Upon receipt of Complete application, the Planning Director shall schedule a public hearing. At least fifteen (15) but no more than forty five (45) days prior to the scheduled public hearing. The date, time and place of public hearing will be advertised in the local newspaper and a sign will be posted on the property.
- D. The Planning Director within thirty (30) days after public hearing/meeting either grant or refuse to grant the requested variance based on the finding.
- E. The applicant must arrive at County Court House to answer any questions and/or to display any visuals to the public before the meeting.

BRYAN COUNTY  
APPLICATION FOR VARIANCE  
CASE V# \_\_\_\_\_

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

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

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

Applicant's Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Owner of the Property: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Owner's Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Person's Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Tax Parcel Number (PIN): \_\_\_\_\_ Acreage: \_\_\_\_\_

Existing Structure and/or Use of Property: \_\_\_\_\_

Proposed Variance: \_\_\_\_\_

Public / Private Roadway Access: \_\_\_\_\_

Section of the Zoning Ordinance in which this request is being made: \_\_\_\_\_

\_\_\_\_\_

Adjacent Zonings: North: \_\_\_\_\_ East: \_\_\_\_\_

South: \_\_\_\_\_ West: \_\_\_\_\_

I hereby certify that the above information and all attached information is true and correct.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Owner Date

I hereby withdraw this application:

\_\_\_\_\_  
Signature of Applicant Date

\*\*\*\*\* STAFF USE ONLY \*\*\*\*\*

Sign Posted: Date: \_\_\_\_\_ Notices to the Neighbors: Date: \_\_\_\_\_

Action: Approved / Denied / With Conditions Date: \_\_\_\_\_



## APPLICANT RESPONSE

The applicant finds that the following standards are relevant in balancing the interest in promoting the public health, safety, morality, or general welfare against the right to unrestricted use of property and shall govern the exercise of the zoning power.

Please respond to the following standards in the form of a written narrative which must be submitted with the application.

- A. Explain requested Variance.
- B. How any special conditions and circumstances existing on the property which are peculiar to the land, structure or building(s) involved and which are not applicable to other lands, structures or buildings in the same district.
- C. How the literal interpretation of the provisions of the Zoning Ordinance would deprive the applicant of right commonly enjoyed by other properties within the same district under the terms of the Zoning Ordinance.
- D. How the special conditions and circumstances do not result from the actions of the applicant.
- E. How granting of the variance requested will not confer on the applicant any special privileges that is denied by the Zoning Ordinance to other lands, structures or buildings in the same district.
- F. How no non-conforming use of neighboring lands, structures, or buildings in the same district and not permitted or non-use of lands, structures or buildings in other districts shall be considered grounds for issuance of a variance.
- G. Explain how this requested variance is the minimum necessary that will allow the reasonable use of the land, building(s) or structure(s).
- H. Explain, how if granted, this requested variance will be in harmony with the general purpose and intent of the Zoning Ordinance, and will not be injurious to the neighborhood, surrounding properties or otherwise detrimental to the public welfare.

DISCLOSURE STATEMENT

Nothing in Chapter 36 of O.C.G.A. shall be construed to prohibit a local government official from voting on a zoning decision when the local government is adopting a zoning ordinance for the first time or when a local government is voting upon a revision of the zoning ordinance initiated by the local government pursuant to a comprehensive plan as defined in Chapter 70 of this title.

- No, I have not made any campaign contributions to County Officials voting on this application exceeding \$250 in the past two years.
- Yes, I have made campaign contributions to County Officials voting on this application exceeding \$250 in the past two years.

To Whom: \_\_\_\_\_

Value of Contribution: \_\_\_\_\_

Date of Contribution: \_\_\_\_\_

I have read and understand the above and hereby agree to all that is required by me as the applicant.

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

Personally appeared before me

\_\_\_\_\_  
Applicant (Print)

Who on oath deposes and says that the above is true to the best of his or her knowledge and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date (Notary Seal)

AUTHORIZATION BY PROPERTY OWNER

I, \_\_\_\_\_, being duly sworn upon his/her oath, being of sound mind and legal age deposes and states; That he/she is the owner of the property which is subject matter of the attached application, as is shown in the records of Bryan County, Georgia.

He/She authorizes the person named below to act as applicant in the pursuit of a rezoning of this property.

I hereby authorize the staff of the Bryan County Department of Planning and Zoning to inspect the premises which are subject of this zoning application.

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

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Personally appeared before me

\_\_\_\_\_  
Owners Name (Print)

Who swears before that the information contained  
In this authorization is true and correct to  
The best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Notary Seal)

VERIFICATION OF CURRENT PAID PROPERTY TAXES

FOR APPLICATION

The undersigned below is authorized to make this application. The undersigned certifies that all Bryan County property taxes, billed to date for the parcel listed below have been paid in full the Tax Commissioner of Bryan County, Georgia. In no case shall an application or reapplication for rezoning be processed without such property verification.

\*NOTE: A separate verification form must be completed for each tax parcel included in the variance request.

Parcel Identification Number (PIN): \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

\_\_\_\_\_  
Type or Print Name

.....

*BRYAN COUNTY TAX COMMISSIONER'S USE ONLY*

(Payment of all property taxes billed to date for the above referenced parcel have been verified as paid current and confirmed by the signature below.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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