

**APPLICATION FOR VARIANCE  
BOARD OF ZONING APPEALS**

**Fee: \$100.00**

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

**Tax Parcel Number:** \_\_\_\_\_ **Zoning Classification:** \_\_\_\_\_

**Number of buildings now on property:** \_\_\_\_\_ **Describe each building as requested below:**

	<b>Type</b>	<b>Use</b>	<b>Size</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Reason for Appeal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Additionally, Please Answer Fully All Questions on the Following Page***

**FOR OFFICE USE ONLY:** \_\_\_\_\_ **DATE OF HEARING** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DATE PROPERTY POSTED** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DATE ADVERTISED** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECISION OF BOARD** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOTE:** \_\_\_\_\_

***NOTE: If you are applying due to a health related hardship, you are required to provide verifying documentation from a physician.***

**In order to grant a variance, the Board of Zoning Appeals must find that all of the following conditions are met. Please answer fully the statements below:**

**(1) There are extraordinary and exceptional conditions pertaining to the particular piece of property in question because of its size, shape, or topography. Describe the unusual conditions of your property (size, shape, or topography) which make it necessary for a variance to be granted.**

**(2) The application of this Ordinance to the particular piece of property would create an unnecessary hardship. Describe any hardship which would result if you were not granted the variance.**

**(3) Such conditions are peculiar to the particular piece of property involved. Describe the conditions which make your property different from most other properties.**

**(4) Relief, if granted, would not cause substantial detriment to the public good or impair the purposes and intent of this Ordinance, provided, however, that no variance may be granted for the use of land or building or structure which is prohibited by this Ordinance. Explain why the public good would not be harmed if the variance were granted.**

**(5) The applicant provides either formal or informal written evidence that the intended use, if a variance were granted, would be allowed, either by the Whitfield County Health Department or Dalton Utilities, as applicable, with respect to wastewater treatment.**