



**APPLICATION FOR ADMINISTRATIVE
VARIANCE**

P.O. Box 300
700 Hwy 293 Emerson, GA 30137
Phone (770) 382-9819

CASE # _____

Filing Fee: \$500

Applicant Information:

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

Subject Property Information:

Street Address / Road Name: _____

Parcel ID Number: _____

Zoning District: _____

Type of Variance Requested: _____

I hereby certify that the above information and all attached information is true and correct to the best of my knowledge. I further understand and agree that in granting any variance, the zoning administrator may designate such conditions in connection therewith as will, in its opinion, secure substantially the objectives of these regulations and may designate conditions to be performed or met by the user or property owner, out of regard for the public health, safety, comfort, convenience, and general welfare of the community, including safeguards for, with respect to light, air, areas of occupancy, density of population and conformity to any master or through traffic plan, the future development of the city.

Signature of applicant

Date