Variance Application

Applications submitted without all required attachments will be REJECTED.

The applicant, or a representative, capable of answering questions about the project must attend the public hearings for the request to be considered.

Meetings convene as necessary to hear appeals. All meetings are held in the Board of Commissioners meeting room in the Pickens County Administrative Building.

Failure to appear at a meeting constitutes abandonment and dismissal of the case, unless the applicant shows just cause by reason of illness or health or other emergency within a reasonable time, in writing, and accompanied by new costs for re-advertisement and hearing.
Application for Variance in Pickens County, Georgia

Tax Map Parcel: ____________________________
Submittal Date: ____________________________ Time: ______ AM / PM Received By: __________
Board of Appeals Meeting Date: ________________________________________________________

(Office Use Only)

Application is hereby made to the Pickens County Board of Appeals for the purpose of proposing a Variance Request in Pickens County, Georgia.

(Please Print or Type)

Applicant: ____________________________________________________
(The applicant and/or representative must be present at all public hearings)
Address: ____________________________________________________________________________

Property Owner: ________________________________________________________________
Address (If different from above): ______________________________________________________

Phone Number: ________________ E-Mail: ________________________________________________

Agent or Legal Representative (If applicable): _____________________________________________
Address: ____________________________________________________________________________

Phone Number: ________________ E-Mail: ________________________________________________

Location of Property: __________________________________________________________________

Land Lot(s): _______ District(s): _______ Section(s): _______ Acreage: __________

County Tax Map & Parcel Number: ____________________________________________________________________

Building Permit # (if applicable): ____________________________________________________________________

Subdivision Name/Lot#: ____________________________________________________________________________

In addition, a copy of a current boundary survey indicating all existing site improvements and floodplain (if any), prepared and sealed by a valid registered architect, engineer, landscape architect or land surveyor, and a legal description of the tract must be submitted with this application. Zoning related to a major subdivision, multi family, or non-residential use or zoning district shall be accompanied by a concept plan prepared by an architect, engineer, landscape architect or land surveyor.

Revised 08/04/20
REQUESTED ACTION

A variance is requested from the requirements of Section #_________________ of the Zoning Resolution/Subdivision Regulations/Other

Explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Type of Variance Requested:
_____ Front Yard       _____ Side Yard       _____ Rear Yard

Variance of ________ feet to allow the structure to:
_____ Be Constructed
_____ Remain a Distance of ________ feet from the:
       _____ Property Line       _____ Road Right of Way       _____ Other (Explain in the space below)

_____________________________________________________________________________

Instead of the required distance of ________ required by regulations.
_____ Lot size request for a reduction in the minimum lot size from ________ to ________.
_____ Home occupation variance to operate ____________________ business from home.
_____ Other (explain) ____________________________________________

If there have been other variances requested on this site in the past, please list case number and nature of variance.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Variances to standards and requirements of the regulations, with respect to open area, setbacks yard area, lot coverage, height, and other quantitative requirements may be granted, if on the basis of the application, investigation, and other evidence submitted by the application, all four (4) expressly written findings below are made:

1. Describe why a strict and literal enforcement of the standards would result in a practical difficulty or unnecessary hardship:

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

2. Describe the exceptional and extraordinary conditions applicable to this property which do not apply to other properties in the same district.

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

3. Describe why getting a variance would not be detrimental to the public health, safety, or welfare and not be materially injurious to properties in the near vicinity.

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

4. Describe why granting this variance would support the general objectives within this resolution.

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

Submit clear explanation of all four (4) above. You may include additional sheets of paper if necessary.

**Variances should not be granted if the need arises because of action by the applicant or previous owner.**

Revised 08/04/20
PROPERTY OWNER AUTHORIZATION

I/we ____________________________________________ hereby swear that I/we own the property located at:

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<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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As shown in the tax map and or deed records of Pickens County, Georgia and in which the parcel will be affected by this request.

I hereby authorize the person/firm named below to act as the applicant or agent in the pursuit of the variance requested on this property. I understand that any variance granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The undersigned is authorized to make this application. The undersigned is aware that no application or re-application affecting the same land shall be acted upon within six (6) months from the date of the last action by the Board of Appeals.

Name of Applicant or Agent: ____________________________________________
(Please Print)

Signature of Applicant or Agent: ________________________________ Date: __________

Mailing Address: _________________________________________________

City, State, Zip: ________________________________

Phone: ________________________________ E-mail: ________________________________

Name of Owner(s): _______________________________________________
(Please Print)

Signature of Owner(s): ________________________________ Date: __________

Signed and sealed in the presence of:

Notary Signature ________________________________ My Commission Expires __________________

Place Notary stamp here

*The complete names of all owners must be listed. If the owner is a partnership, the names of all partners must be listed. If a joint venture, the names of all members must be listed. You may use a separate sheet if necessary. Please identify as applicant or owner and have the additional sheet notarized.*

Revised 08/04/20
Please list all individuals, firms and/or corporations owning or leasing property adjacent to the subject property on all sides and across any natural or manmade boundaries (this includes roads, rivers, railroads, etc.) and place the owner’s name on the appropriate parcel on the attached survey.

**PLEASE BE ADVISED THAT RELIANCE ON TAX ASSSESSOR’S RECORDS MAY NOT PROVIDE THE APPLICANT WITH THE MOST RECENT OWNERS.**

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APPLICANT CERTIFICATION

I hereby request the action contained within this application relative to the property shown on the attached plats and site plan and further request that this item be placed on the Board of Appeals agenda for a public hearing.

I understand that the Planning & Development staff may either accept or reject my request upon review. My request will be rejected if all the necessary data is not presented.

I understand that I have the obligation to present all data necessary and required by statute to enable the Board of Appeals to make an informed determination on my request. I will seek the advice of an attorney if I am not familiar with the zoning and land use requirements.

I understand that my request will be acted upon at the Board of Appeals hearings and that I am required to be present or to be represented by someone able to present all facts. I understand that failure to appear at a public hearing may result in the postponement or denial of my variance request. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Pickens County.

Name of Applicant or Agent: ________________________________________

Signature of Applicant or Agent: ____________________________ Date: __________

Mailing Address: ______________________________________________________

City, State, Zip: ______________________________________________________

Phone: __________________________ E-mail: __________________________

Signed in the presence of: ____________________________________________

(Planning and Development Administration Only)

Signature: __________________________ Date: __________

WITHDRAWAL

NOTICE: This section only to be completed if application is withdrawn

I hereby withdraw application # ____________________________

Signature: __________________________ Date: __________

Withdrawal of Application

Withdrawal of any application may be accommodated within the Planning & Development Office if requested before the Board of Appeals agenda is set. Therefore, withdrawals may not be made after ten (10) business days prior to the scheduled Board of Appeals meeting hearing, unless accompanied by written request stating specific reasons for withdrawal. This withdrawal request is to be published in the legal organ prior to the meeting. Following that written request and publication, the Board of Appeals will vote to remove the item from the agenda at the scheduled hearing. Please note that should the withdrawal be denied, the item will receive deliberation and public hearing with a decision by the Board of Appeals. Further, the applicant is encouraged to be present at the hearing to substantiate reasons for withdrawal. Please note that no refund of application fees will be made unless directed by the Board of Commissioners.
SIGNAGE AFFIDAVIT

To ensure that the correct information is included on the public notice sign, Pickens County will prepare the sign for the applicant and will post the sign on the property.

It is the applicant’s responsibility to ensure that the public notice is properly maintained for the duration of the application process.

I am aware that the sign will be posted on the property.

I authorize Pickens County to post the variance sign on my property.

________________________________
Applicant’s Name (Please print)

________________________________
Applicant’s Signature

________________________________
Date

________________________________
Witness – Planning and Development Office Personnel
*** FOR STAFF USE ONLY ***

Variance Change #: __________________

Applicant Name: ________________________________________________

Application Fee: ______________ Date Paid: ________________

Check/Card/Cash: ________________ Receipt #: ________________

If Applicable:

____ Interdepartmental forms submitted for review Date: ____________

____ Georgia Mountains notified (DRI) Date: ____________

____ Department of Transportation notified Date: ____________

____ Adjacent property owner notices mailed Date: ____________

____ Public Notice signs on property verified Date: ____________

____ Legal advertisement emailed to newspaper Date: ____________

____ Board of Appeals packets distributed Date: ____________

____ Applicant notified of final action Date: ____________

____ Approval or denial form placed in folder Date: ____________

____ Board of Appeals meeting minutes in folder Date: ____________

........................................................................................................

____ If appealed; applicant notified of date of appeal hearing Date: ____________

____ If appealed; legal advertising date of appeal hearing Date: ____________

____ If appealed; approval or denial form placed in folder Date: ____________

____ Applicant notified of final action of appeal Date: ____________

____ Board of Appeals meeting minutes in folder Date: ____________

Board of Appeals

Recommendation Date: ______________

_____ Approval  _____ Approval with stipulations  _____ Denial

If denied by Board of Appeals was the decision appealed by applicant? _____ Yes _____ No