



WARE COUNTY PLANNING & CODE DEPARTMENT

305 OAK ST, SUITE 157, WAYCROSS, GA 31501

Telephone: (912) 287-4379 Fax: (912) 287-2467



BOARD OF ZONING APPEALS VARIANCE REQUEST

APPLICATION DATE: _____ HEARING DATE: _____

Variance Location: _____

Owner's Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Lot Number: _____ Block: _____

Subdivision: _____

REQUEST: _____

Zoning Setbacks: FRONT _____ SIDE _____ REAR _____ OTHER _____

APPLICATION FEE: \$ 200.00 PAID: YES NO Date Paid: _____

Tax Map/Parcel _____

Zoning: _____

In order to be granted a variance, you must be able to show that your variance will meet all of the following standards:

	<u>YES</u>	<u>NO</u>
There is a special circumstance or condition affecting the application of the ordinance to this property, <u>and</u>	_____	_____
The problem with this property was not created by petitioner, <u>and</u>	_____	_____
This variance will not create a hardship to others, <u>and</u>	_____	_____
Failure to grant a variance would create hardship on petitioner, <u>and</u>	_____	_____
A picture has been submitted of location to be used by mobile home.	_____	_____

SIGNATURE: _____

ADDRESS: _____

City State Zip Code

Notes/Directions: _____

