



Carroll County Department of Community Development

423 College St.
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

APPLICATION FOR A VARIANCE

Type of Variance:

☐ Intrafamily Transfer
☐ Setbacks
☐ Other

Date Received: _____

Received by: _____

Please complete the blanks with the requested information. If any of the information or required materials is missing or incomplete, the application will not be processed.

APPLICANT

Applicant Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: () _____ - _____ **Fax:** () _____ - _____ **Email:** _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: () _____ - _____ **Fax:** () _____ - _____ **Email:** _____

Owner Name (If different from applicant): _____

Address: _____

Phone: () _____ - _____ **Fax:** () _____ - _____

(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)

VARIANCE

Project Name: _____

Variance Location (attach location map): _____

Proposed Use: (If residential, residence must be at least 1,230 square feet) _____

Relationship of Applicant to Owner: _____

Total acreage: _____ **Is this property in CUVA status?** _____

Staff Use Only

Land Lot _____ of the _____ District, Carroll County

Tax Map _____ Parcel _____



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Describe the nature of your Variance request:

Describe how the proposed Variance will affect:

Traffic:

Parking:

Availability of Public Facilities/Utilities:

Other Relevant Impacts of the Proposal:

Describe how the proposed Variance will be a benefit to the public.

Describe what the hardship will be if the Variance is not granted.

Required materials to accompany the application:

1. Completed application and the fee.
2. Copy of deed, lease, option agreement, or other evidence of ownership or applicant's interest in the property. If the applicant is not the owner, attach a notarized statement signed by the owner authorizing the applicant to request the amendment.
3. Any other required items listed in the **Submitted Requirements** checklist.
4. Completed applications must be received by **noon** on the deadline date.

Return form to:

Community
Development
423 College Street
Carrollton, GA 30117

For Department Use Only

Application No.: _____
Filing Fee: \$350
Pre-application Conf.: _____
Date advertised: _____
Date Notices Sent: _____
BOA Public Hearing Date: _____
Disposition: _____
Decision Letter Sent: _____



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Variance Application

Submittal Requirements Checklist

Case No: _____

Date of Application: _____

A pre-application conference with staff must take place prior to the submittal of a variance application.

An application must have the following to be accepted, unless otherwise approved by staff.

1. Copy of the deed of the property.
2. Names and addresses of all property owner(s) who have property adjoining the tract which has been petitioned to be rezoned.
3. If the property owner and applicant is not the same person, complete the authorization of property owner form.
4. Copy of the proposed development plan (subdivision layout, site plans etc.)
5. Pay non-refundable \$350 filing fee, which has been established by the Board of Commissioners.
6. Completed Parcel Information Sheet filled out by Staff or an official in the Map Room.
7. Current Boundary Survey.
8. Completed applications must be received by noon on the deadline date.

APPLICATION WILL NOT BE PROCESSED IF ANY OF THE ABOVE REQUIREMENTS ARE MISSING.



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PARCEL INFORMATION SHEET
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE
To be filled out by Map Room Personnel in Room #0200

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
<i>REQUIRED SETBACKS</i>		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST ☐ Owner(s) & Agent (if applicable) ☐ Legal Description or Adequate Description of Property ☐ Complete Inventory of Existing Structures (noting uses & non-conforming structures) ☐ Complete Inventory of Proposed Structures ☐ Complete Inventory of Existing Uses and/or Activities ☐ Applicant's Certification Signature of County Planner or Designee: _____ Date: _____ Comments: _____			
CDP COMPLIANCE	☐ YES ☐ NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____	
PLAT APPROVED	☐ YES ☐ NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____	
<u>APPROVED FOR NEW ADDRESS</u>	☐ YES ☐ NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	



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SKETCH OF PROPERTY

Please check: ☐ COMMERCIAL ☐ OTHER: _____

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other structures.
- Show the **dimensions** of the lot and all setbacks from the house and other structures to all property lines.
- The front setback shall always be measured from the centerline of the frontage road(s).
- Show location of any wells, trash pits, and all easements (drainage or utility) located on the property.
- Show distance to nearest stream or lake on property. If not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: _____

Describe the type of structure that you plan to build: (If a residence, must be at least 1,230 sf) _____

Is this a multiple road frontage lot? _____

Sketch of Property



Intrafamily Provision Affidavit

Carroll County Community Development
423 College St., Carrollton, Ga 30117

Under oath and penalty of perjury, I, _____,
represent to the Carroll County Board of Appeals that I am the owner of the tract of land, described
as: (complete legal description not required, please list address/parcel number)

I have complete authority and all powers associated with the fee simple ownership of this land. I
am presenting a plat to the Carroll County Board of Appeals for the purpose of subdividing my land
to convey _ _ _ _ _ acre (s) of land to

_____, grantee, who is related to me as my
_____(legal relationship).

Applicant Signature

Notary Public Signature

Name (please type or print)

Sworn I Subscribed Date

Address

Commission Expires

City State Zip



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR A VARIANCE APPLICATION

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **VARIANCE APPLICATION** under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Address: _____

Sworn to and subscribed
before me this ____ day
of _____, _____.

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

Entity: _____
Address: _____

Notary Public

My Commission Expires: _____



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VARIANCE APPLICATION

Authorization of Property Owner

THIS FORM TO BE COMPLETED ONLY IF APPLICANT AND OWNER ARE NOT THE SAME PERSON(S).

Applicant is person submitting the variance application. Owner is the property owner.

(Please type or legibly print)

Property Address: _____

Applicant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ - _____

(Owner's Name), personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted a Variance under the Ordinances of Carroll County:

I affirm that I am the owner of the property that is the subject of the attached application, as shown in the records of Carroll County, Georgia. I authorize the person named above to act as applicant in the pursuit of the variance application.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This _____ day of _____, _____.

AFFIANT (Owner's signature)

Sworn to and subscribed
before me this _____ day
of _____, _____.

Notary Public

My Commission Expires:



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Appearance Statement

Appearance Before Commission Bodies Required

To process the application for a Variance, the Developer, Owner, Applicant, Agent, or a Representative thereof must be present to personally request said Variance before the Board of Appeals:

Failure to personally appear before the Board of Appeals may result in denial of request, or an extended waiting period before the next available meeting. *Requests that are denied by the Board of Appeals cannot be re-submitted for consideration for a term not less than one (1) year from the date of the denial by the Board of Appeals.*

The Board of Appeals will hear your request on: _____ at 5:30 PM

IMPORTANT

A Variance Notice shall be placed on the subject property until after a decision is rendered in the case. Failure to maintain the sign *will delay your application for 30 days*. It is the sole responsibility of the owner/applicant to maintain its placement until after a decision has been rendered. Owner/applicant shall notify Community Development immediately if the sign is removed, defaced, incorrect etc.

Applicant Signature: _____

Date: _____

All Board of Appeals meetings are held in the Carroll County Administration Building, Board of Commission Chambers, 423 College St. Carrollton, GA 30117.



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Variance Application Process

**Pre-application
conference required
before filing
application.**

Application Filed with Department

- Staff reviews application for completeness
- Once complete, placed on agenda for Board of Appeals

Notification

- Notice of application made public
- Newspaper, sign posted, & letter sent to adjacent property owners

Board of Appeals Public Hearing

- Set for 1st Thursday of the following month at 5:30
- Consideration of staff analysis, applicant, and public testimony

Board of Appeals Decision

If denied, no application can be made on the property for the next 12 months.