# Level One Stream Buffer Variance Application

Submittal Date:_____Received by:_____

Variance Application Number (to be assigned by CDRA)_____LDP Number (as applicable) _____

Project
Name:_____

Land Lot(s):_____District: _____Section ___

Zoning Case #: (as applicable) _____

*Please check the appropriate box:* RESIDENTIAL ☐ COMMERCIAL ☐ OTHER ☐

Project Acreage:_____Total Square Ft Area Disturbance*:* _____

Frontage Road Name: _____

Stream name (as applicable): _____

Calculation of total area of buffer disturbance: _____

Calculation of total lineal feet of buffer disturbance: _____

Required Submittal Documents:

1. ***1 set of photographs*** of the site and/or surrounding properties to substantiate bank stability, flow depths, water quality and environmental values.
2. Letter from applicant.
3. Conceptual stormwater management plan and/or hydrology study
4. ***1 set of drawings*** that portray all proposed development and any/all proposed State Waters buffer/ County buffer encroachment(s). The drawings shall include:

   **A.** Site/Grading Plan

   **B.** Erosion & Sedimentation Control Plan

5. ***COSF Staff site visit***. Contact the City Engineer to schedule an on- site visit prior to submittal.
6. ***Schedule a conceptual meeting (optional)*** if you would like to meet to discuss your project. Please contact the City Engineer.
7. ***Additional requirements may apply, for example:*** as a result of the review of this request, the City of South Fulton may require additional water quality enhancements or features for naturally filtering or treating storm water runoff.
8. ***Filing fee:*** A filing fee of $250.00 is required for all single family residential variance submittals. Filing fee for all other submittals is $350.00. This fee in the form of a check shall be made payable to City of South Fulton.

Review Period:
South Fulton staff review time for a Level One Variance is thirty (30) days, and begins on the day following the submittal. Applicants will be notified regarding the status of their project's proposal. Upon completed review South Fulton staff will coordinate plan review comment pickup.

**PROJECT DESIGN FIRM**

Engineering Firm: _____

Address:

_____
City State Zip

Telephone Number:_____Representative: _____

**OWNER/DEVELOPER**

Name:

_____

Address:_____
City State Zip

Telephone Number:_____Contact Person: _____

**FOR CITY USE**

_____ Fee Paid and Check Number _____

_____ Staff Site Visit

_____ Water Quality/Erosion Control Review

_____ Hydro/Drainage Review

_____ Recommendation Complete/Notice

_____ Engineer Contact Date By:_____of CDRA

Plans Picked Up On (date)_____by:

_____ Printed Name _____

Signature: