

**The Long County-City of Ludowici
Planning & Zoning Board
75 W Academy St
Ludowici, Ga 31316
PH. 912-545-3683 FAX 912-545-3271**

Application for Variance/Appeal

1. Location of Property: _____

2. Map and parcel number: _____

3. Reason for request: (check only one)

☐ Front Variance of _____ feet.

☐ Appeal of an Administrative Decision

☐ Rear Variance of _____ feet.

☐ Mobile Home Age Variance

☐ Side Variance of _____ feet.

☐ Other

☐ Lot Size Variance _____ feet.

☐ Mobile Home Variance

Please explain below why a variance is requested....

4. Name, address and phone number of property owner. (If application is not the property owner, please complete the authorization on the next page).

5. Name, address and phone number of the applicant, if different than property owner.

6. Signature of Applicant: _____

Date Signed: _____

AUTHORIZATION OF PROPERTY OWNER

I affirm that I am the property owner(s), shown in the records of Long County, of the property which is subject of the attached application.

I authorize the person listed as the applicant to pursue the variance request or appeal pertaining to this property.

Signature of property owner(s): _____

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public Signature: _____

Notary Public County: _____

My Commission Expires: _____

FOR COUNTY USE ONLY

Maps or drawing submitted: YES ___ NO ___

Date application was submitted: _____

Amount paid: _____ Check # _____ Cash _____

Newspaper Advertisement Date: _____

Planning and Zoning Hearing Date: _____ Time: _____

BOC Meeting Date: _____ Time: _____

Long County-City of Ludowici Planning & Zoning Board: _____

Long County Code Enforcement Officer/Agent: _____

Long County board of Assessors: _____