

## CHECKLIST OF ITEMS REQUIRED TO BE SUBMITTED FOR VARIANCE REQUEST

*(All application/documentation must be complete at the time of application submittal or the application will not be accepted)*

- \_\_\_\_\_ 1) Application form and all required attachments, completed, signed, and notarized( if applicable).
- \_\_\_\_\_ 2) Latest **recorded** Warranty Deed, including legal description of the boundaries of the subject property including total acreage.
- \_\_\_\_\_ 3) Twenty (20) copies of the Plat of property, drawn to scale with accurate dimensions, with the following indicated:
  - \_\_\_\_\_ a) Location and size of existing structures( principal and accessory) and improvements on the parcel, including type( residential, non residential), floor area, building height , and accessory uses, Structures to be reomved must be indicated and labled as such unless dimolition or removal will occur prior to applying for a building permit.
  - \_\_\_\_\_ b) Minimum setbacks form all property lines of subject property required in the zoning district.
  - \_\_\_\_\_ c) Location of alleexisting and proposed easements and streets on or adjacent to the subject property, indicating width of right- of -way, type and width of existing and proposed easements and centerline of streets
  - \_\_\_\_\_ d) Location and dimensions of exits/entrances to the subject property .
  - \_\_\_\_\_ e) Location of well or water lines.
  - \_\_\_\_\_ f) Existing septic tank and drainfield location, and replacement area
  - \_\_\_\_\_ g) Approximate location and elevation of the 100-year flood plain (if applicable).
  - \_\_\_\_\_ h) On site storemwater facilities ot include detention or retention facilities,
  - \_\_\_\_\_ i) Parking locations, approximate number of parking spaces, area for parking bay and aisle dimensions.
  - \_\_\_\_\_ j) Landscaped areas and buffers or tree save areas, to include wittdth, general extent and type of materials.
  - \_\_\_\_\_ k) Application filing fee

APPLICATION FOR VARIANCE

PROPERTY OWNERS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AGENT FOR OWNERS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PROPERTY LOCATION: LAND LOT \_\_\_\_\_ LAND DISTRICT \_\_\_\_\_ PARCEL \_\_\_\_\_

TOTAL NUMBER OF ACRES OF SUBJECT PROPERTY: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ ZONING OF SURROUNDING PROPERTY \_\_\_\_\_

PRESENT USE OF SUBJECT PROPERTY: \_\_\_\_\_

PROPOSED USE OF SUBJECT PROPERTY: \_\_\_\_\_

**(THIS AREA TO BE COMPLETED BY STAFF):**

**PETITION NUMBER:** \_\_\_\_\_

Application Insufficient due to lack of:  
\_\_\_\_\_

Application and all required supporting documentation is Sufficient and Complete.

By Staff \_\_\_\_\_ Date \_\_\_\_\_

Date of Planning Commission Hearing: \_\_\_\_\_ Date of Town Council Hearing

: \_\_\_\_\_

Received from \_\_\_\_\_ a check in the amount of \$ \_\_\_\_\_  
For Application filing fee.

Date Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_ Taken By \_\_\_\_\_

**PROPERTY OWNER CONSENT AND AGENT AUTHORIZATION FORM**

(Application requires authorization by ALL property owners of subject property)

Name(s) of All Property Owners of Record found on the latest recorded Warranty Deed for the subject property

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Please Print Names

Property Tax identification Number(s) of Subject Property: \_\_\_\_\_  
(I am) (We are) the sole owner(s) of the above --referenced property requested to be rezoned. Subject property is located in the Land Lot(s) \_\_\_\_\_ of the \_\_\_\_\_ District, and (if applicable to more than one land district) Land Lot(s) of the \_\_\_\_\_ District, and said property consists of a total of \_\_\_\_\_ acres (legal description corresponding to most recent recorded plat for the subject property is attached herewith).

(I)(We) hereby delegate authority to \_\_\_\_\_ act as (my) (our) Agent in this rezoning. As Agent, they have the authority to agree to any and all conditions of zoning, which may be imposed by the Board.

(I)(We) certify that all of the information field with this application including written statements or showing made in any paper or plans submitted herewith are true and correct to the best of (my) (our) knowledge and belief. Further, (I) (We) understand that any knowingly false information given herein by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. (I) (We) further acknowledge that additional information may be required by Fayette County in order to process this application.

\_\_\_\_\_  
Signature of Property Owner 1

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner 2

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner 3

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner 4

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**TOWN OF TYRONE  
REZONING, VARIANCE, SPECIAL EXCEPTION APPLICATION**

The undersigned, making application for rezoning, variance, or special exception, has complied with the Official Code of Georgia Section 36-64A01, et seq., Conflict of interest in Zoning Actions and has submitted or attached the required information on the forms provided

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Type or Print name and title

\_\_\_\_\_  
Signature of Owner's  
Attorney or Representative

\_\_\_\_\_  
Type or Print name and title

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Seal and expiration date

**DISCLOSURE OR CAMPAIGN CONTRIBUTIONS**

Have you, within the two years immediately preceding the filing of this application, made campaign, contributions aggregating \$ 250.00 or more to a member of the Tyrone Planning commission or member of the Tyrone Town Council?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Applicant

If the answer is yes, please complete the following section

Name and Official Position of Government Official	Contributions( List all which aggregate to \$250.00 or more)	Date Contribution was made. (within the last 2 years)

Attach additional sheets if necessary to disclose or describe all contributions

**Petition**

**Date Received:**

\_\_\_\_\_