

**CITY OF WINDER**

**(770) 867-3106**

**APPLICATION FOR VARIANCE FROM THE ZONING RESOLUTION**

**COST: \$100.00**

Please complete this application and submit with all necessary attachments as stated below (type or print using black ink).

**APPLICANT INFORMATION**

**OWNER INFORMATION**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**APPLICANT IS THE:**

\_\_\_\_\_ **Owner's Agent**

\_\_\_\_\_ **Property Owner**

\_\_\_\_\_ **Contract Purchaser**

Address of Property \_\_\_\_\_

Building Permit Number (if construction has begun) \_\_\_\_\_

Subdivision or Project Name \_\_\_\_\_ Lot/Block \_\_\_\_\_

Zoning Classification \_\_\_\_\_

**Please attach a plat unless located in a recorded subdivision.**

Variance Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a letter of intent explaining what use is proposed and include your justification for the VARIANCE REQUEST.**

**\*\*A Variance cannot be processed unless all necessary information is submitted with the application.**

**\*\*A Variance from a condition of zoning cannot be accepted.**

**APPLICANT CERTIFICATION**

I, the undersigned, do hereby certify that I am the applicant making application and all information contained herein is believed to be true and accurate.

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Typed or Printed Name and Title

\_\_\_\_\_  
Signature of Notary Public/Date

Seal

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**OWNER CERTIFICATION**

I, the undersigned, do hereby certify that I am the property owner or property owner's authorized agent making application and all information contained herein is believed to be true and accurate.

\_\_\_\_\_  
Signature of Property Owner/Date

\_\_\_\_\_  
Typed or Printed Name and Title

\_\_\_\_\_  
Signature of Notary Public/Date

Seal

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**FOR CITY OF WINDER USE ONLY**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved By \_\_\_\_\_ Date \_\_\_\_\_

Justification: \_\_\_\_\_