

CITY of CLARKSTON

PLANNING AND DEVELOPMENT DEPARTMENT

VARIANCE APPLICATION

1055 ROWLAND STREET
CLARKSTON, GA 30021
404.296.6489

This page must be completed by the Applicant. Please see Applicant Instructions for full requirements.

SUBMITTAL CHECKLIST

Your application must include the following items, or it will not be considered complete:

- ☐ Plan(s) to scale demonstrating variance requested
- ☐ Survey
- ☐ Property Deed
- ☐ Recorded Plat of Property (seven (7) copies)
- ☐ Campaign Contribution Disclosure Form
- ☐ Filing Fee (payable to The City of Clarkston)

FOR OFFICE USE/DETERMINATION

Review determination and fee: Review fee (payable to *The City of Clarkston*) depends on type of review(s). (See Fee Schedule):

_____ Variance _____ (Fee)
Please indicate if this is an Administrative Variance

APPLICANT INFORMATION

Applicant Name _____ Company _____

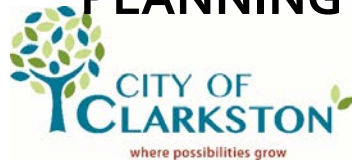
Primary Phone # _____ Alternate Phone # _____ Fax # _____

Email Address _____

PROJECT SUMMARY

Name of Project _____

Detailed Description of Variance. Include: Variance needed (code section, square footage or other dimension); Proposed use(s) and square footage of floor area for each use; and written explanation of hardship involved with need for variance (see checklist).



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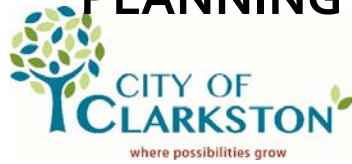
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Total Number of Parcels Involved: _____	Total Project Area (acre/sf): _____	Total Disturbed Area: _____
Total Number of Buildings: _____	Total Estimated Construction Cost: _____	

☐ Project Submittal Checklist and all documents, plans, written analysis, and fees required therein accompany this application form.

I hereby certify that all information provided herein and in the accompanying documents is true and correct.

Applicant Signature	Date
☐ Property Owner ☐ Owner's Agent	



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PROPERTY INFORMATION/OWNER AUTHORIZATION

If more than one parcel is the subject of review, owner-applicant shall complete information for each parcel on additional page attachments; authorized agent-applicants must complete this page for EACH parcel.

PARCEL (PROPERTY) INFORMATION

Property Address/Location	Suite/Apt. #	City, State	Zip Code
Parcel ID/Property Tax Identification Number	Total Acreage		
Present Use(s)	Present Zoning (Official Zoning Map)		
Proposed Use(s)			

☐ Indicate here if there are more than one subject parcels (attach information accordingly)

Legal description includes: Or: ☐ Indicate here that an exhibit identifying property location is attached.

Subdivision Name	Lot #	Block #
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PROPERTY OWNER

Owner (Person, Firm, Corporation, or Agency)	Company Name		
Mailing Address	Suite/Apt. #	City, State	Zip Code
Primary Phone #	Fax #	Email Address	

PROPERTY OWNER'S AGENT (If applicable; must match applicant contact information on page #1)

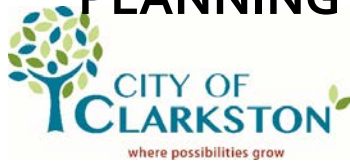
Name and Company (Owner's Agent or Attorney)			
Mailing Address	Suite/Apt. #	City, State	Zip Code
Primary Phone #	Fax #	Email Address #	

AUTHORIZATION FOR AGENT (If applicable)

Owner Signature	Date
Print Name	

Subscribed and sworn before me this _____

NOTARY SEAL



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day of _____, 20_____.

Signature of Notary Public in the State of Georgia