



## Tift County Zoning Board of Appeals Board Application

**Incomplete applications will not be forwarded to the Board (5 pages)**

File Number \_\_\_\_\_  
Paid cash / Check \_\_\_\_\_  
Date \_\_\_\_\_

This application must be Completed with all the requested information and returned to the office of Planning and Zoning at 225D Tift Ave N, by \_\_\_\_\_ in order to be reviewed by Staff and to be heard at the Board of Appeals meeting the following month.

In addition to the completed application, the following is required:

1. Application fee of \$150.00
2. The names and mailing addresses of all adjacent property owners (front, side, rear and directly and adjoining the property across the street or road. **No Tenant names please.** Failure to supply this information and/or complete this application in its entirety will result in denial of acceptance of application.
3. Other information as requested by Staff:
4. Information as required on page 3

Your application will be reviewed by the Zoning Board of Appeals as follows, and it is necessary for you or your agent to attend the meeting on:

DATE: \_\_\_\_\_

PLACE: Charles Kent Administration Building Room 207

TIME: \_\_\_\_\_

If you have any questions concerning this application, please contact Tift County Development Support Services at 229-386-7965

The signature below acknowledges receipt by the applicant and/or his duly authorized representative of the above referenced data.

Owner/Agent - Print \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Tift County Zoning Board of Appeals Application

File Number \_\_\_\_\_

I (We) \_\_\_\_\_ respectfully request that a determination be made by the Zoning Appeals board on the following appeal, which was denied by the Zoning Administrator on: Date \_\_\_\_\_

An appeal is requested for an interpretation / modification of Section \_\_\_\_\_ of the requirements of the Tift County UDC / Zoning Ordinance.

It is requested to establish a variance to the following requirements of the UDC / Zoning Ordinance in relation to:

Please X one / ones that apply:

Maximum building height. \_\_\_\_\_

Minimum lot width. \_\_\_\_\_

Minimum road frontage. \_\_\_\_\_

Required spacing of driveways. \_\_\_\_\_

Minimum front \_\_\_\_\_ side \_\_\_\_\_ rear \_\_\_\_\_ yard setbacks.

Dimensional standard for lot size. \_\_\_\_\_

Number of parking / loading spaces. \_\_\_\_\_

Rural farm homestead. \_\_\_\_\_

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

The Premises / Lot affected is located at: Address \_\_\_\_\_  
Map # \_\_\_\_\_ Parcel# \_\_\_\_\_ in a \_\_\_\_\_ Zoning District.

Remarks: \_\_\_\_\_

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

Has any previous application or appeal been filed in connection with this location? \_\_\_\_\_

If so when \_\_\_\_\_ Does applicant/agent own the property? \_\_\_\_\_

What is the approximate cost of this project? \_\_\_\_\_

Property Use / Occupancy. \_\_\_\_\_

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**A PLAT MUST BE SUBMITTED SHOWING THE FOLLOWING:**

1. The: size, location and map & parcel number.
2. The dimensions and location, in relation to the property lines, of any existing buildings and /or structures on the lot in question.
3. The dimensions and location of the proposed building, structure, addition or proposed work on the lot.
4. The location of any existing building on adjacent lots and their distance from the property lines.

I further state that if this application is approved, I will proceed with the actual project in accordance with the approved application within One year of the date of the approval of said application.

Owner \_\_\_\_\_ Applicant / Agent  
Print Name \_\_\_\_\_ Print \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (area code) \_\_\_\_\_ Telephone (area code) \_\_\_\_\_

E-Mail - \_\_\_\_\_ E-Mail \_\_\_\_\_

Date - \_\_\_\_\_ Date \_\_\_\_\_

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I (We) (name) \_\_\_\_\_

Do hereby certify that I (we) do, in fact, have proper standing to execute this application as I (We) are owners of the below described property:

Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

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

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Owner(s)

Agent(s)

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Address

Address

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Telephone

Telephone

1. \_\_\_\_\_

1. \_\_\_\_\_

E-Mail

E-Mail

2. \_\_\_\_\_

2. \_\_\_\_\_

E-Mail

E-Mail

3. \_\_\_\_\_

3. \_\_\_\_\_

E-Mail

E-Mail

\_\_\_\_\_

Date

\_\_\_\_\_

Date

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## Agents Certification

For the purpose of this application I (We) hereby appoint the following named individual(s) as out duly authorized agents(s).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Owner(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Telephone

1. \_\_\_\_\_

E-Mail

2. \_\_\_\_\_

E-Mail

3. \_\_\_\_\_

E-Mail

\_\_\_\_\_

Date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Agent(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Telephone

1. \_\_\_\_\_

E-Mail

2. \_\_\_\_\_

E-Mail

3. \_\_\_\_\_

E-Mail

\_\_\_\_\_

Date