



Clay County Planning and Zoning Commission
P.O. Box 519
Fort Gaines, GA 39851
Ph. 229-768-32385 ~ Fax 229-768-3672

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 of _____ acres. Mobile Home Variance **(Requires Public Hearings)**

Please explain below why a variance from district regulations should be made or what error was made by an administrative official which warrants an appeal. (If an appeal, include the article and section numbers of the appropriate ordinance).

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 from the property owner.

6. Signature of applicant: _____

Date Signed: _____

Please attach any maps, drawings, letters or any other information concerning this matter. The Planning Board will make their decision based on the information you provide.

Failure to provide adequate information will result in the application being rejected.

The Zoning Ordinance is available on the county web site at www.claycountyga.org . Go to the Document Tab and scroll down to the documents you want to view or print.

Authorization of Property Owner

I affirm that I am the property owner(s), shown in the records of Clay County, of the property which is the 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 of: _____

My commission expires: _____

For County Use Only

Maps or drawings submitted: Yes _____ No _____

Date application was submitted: _____

Amount paid: _____ Check # _____ Cash _____

Newspaper Advertisement Date: _____

Planning & Zoning Hearing Date: _____ Time: _____ Place: _____

BOC Hearing Date: _____ Time: _____ Place: _____

BOC Commission Meeting Date: _____ Time: _____ Place: _____

Request for Hardship Variance

This form must be included in the application when a Variance is requested because of a hardship.

Please be aware that a hardship variance is not a fast resolution to a problem, this type of variance can take up to 90 days from start to finish with no guarantee of approval.

Applicant Name: _____

What is requested: _____

Location of request (911 address, map number and parcel): _____

What is the hardship: _____

(Be specific on the nature of the hardship, include additional sheets if necessary)

Data to support the hardship must be attached, and must include but not limited to the following:

- ✓ Letter or Letters from Doctors specifying the need for the request.
- ✓ Letter or letters from State of County citizen help agencies.
- ✓ Tax information and /or financial statements.
- ✓ Property information, plats, deeds and /or photographs.
- ✓ Any additional information you want considered in the determination of this case.

Because all variance requests require advertising in the County's legal organ, the completed application and all information you wish to be considered must be provided no later than 10:00 am on the Monday two weeks prior to the next scheduled Planning Commission meeting.

This type of request requires two hearings one before the Planning Commission and one before the Clay County Commissioners.