

City of Stockbridge



PETITION FOR AN ADMINISTRATIVE VARIANCE - \$50.00 Fee

PLEASE FILL IN ALL APPLICABLE INFORMATION LEGIBLY AND COMPLETELY.

Name of Applicant: _____ Phone: _____ Date: _____

Applicant's Address: _____ Fax: _____ Cell # _____

City: _____ State: _____ Zip: _____ E-mail: _____

Name of Agent: _____ Phone: _____ E-mail: _____

Agent's Address: _____ Fax: _____ Cell # _____

City: _____ State: _____ Zip: _____ E-mail: _____

ALL REQUESTS REQUIRE SUBMITTAL OF TWO COPIES OF A RECENT SURVEY (no more than two years old) FROM A LICENSED PROFESSIONAL DETAILING ENCROACHMENT AREAS.

1. Front yard setback (not to exceed a 10% reduction): _____

2. Side yard setback (not to exceed a 10% reduction): _____

3. Rear yard setback (not to exceed a 10% reduction): _____

4. Other _____

Please describe any additional details pertaining to the Administrative Variance request:

Address of property: _____ Lot # _____ Tract Size (acres): _____

Zoning: _____

Land Lot Number(s): _____ District: _____ Subdivision Name: _____

Property Tax Parcel Number: _____ - _____ - _____ if known (optional).

The Signer affirms that they are the Owner or Agent for the Owner of the property and all information herein is true and accurate.

Signature of Agent

Owner's Signature

Print Name of Agent

Print Name of Owner

(For Office Use Only)

Total Amount Paid \$ _____ Cash _____ Check # _____ Received by: _____ (\$50.00 FEE PER REQUEST)

Application checked by: _____ Date: _____

Application **APPROVED/ DENIED** by City of Stockbridge or their designee.

Signature _____ Date: _____