



DO NOT ALTER OR RETYPE THIS FORM

Glynn County Community Development Department
1725 Reynolds St., Suite 200
Brunswick, GA 31520
912 554-7428
www.glynncounty.org

ZV

Variance Checklist
Glynn County Zoning Board of Appeals

- 1) Check One: Administrative Appeal Board of Appeals
- 2) Description and location of property
- 3) Dimensions and square footage of property
- 4) Use of property
- 5) Zoning District
- 6) Section of Zoning Ordinance pertaining to request
- 7) State Hardship (**BE SPECIFIC**)
- 8) Signatures of surrounding property owners
- 9) Seven (7) copies of survey by registered surveyor showing existing structures and proposed improvements in relation to property line. The plat will NOT be accepted unless drawn by a registered surveyor. If commercial, show parking plan.
- 10) Applicant's Signature
- 11) Agent Authorization Form (if acting as authorized agent for the owner)
- 12) **\$250.00 Application Fee (NON-REFUNDABLE)**
Please make check payable to: Glynn County Board of Commissioners
And mail to: Glynn County Community Development Department
1725 Reynolds Street, Suite 200
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APPLICANT OR AN AUTHORIZED AGENT MUST ATTEND THE PUBLIC HEARING

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It is the ***responsibility of county staff*** to place a sign on the subject property at least fifteen (15) days prior to the scheduled Public Hearing. The sign will state nature of request, date, time and place of the Public Hearing. The applicant will return the sign to this office, 1725 Reynolds Street, when attending the Public Hearing. Each variance request is evaluated by the Zoning Board of Appeals based on the information provided on the application and circumstances relating to that individual case. Appeals from decisions of the Zoning Board of Appeals are outlined in Article X, Section 1009 of the Glynn County Zoning Ordinance. The appeal must be filed within 30 days from that date of the Zoning Board of Appeals decision.

- 1) Does the variance being requested represent the very minimum change necessary to prevent the hardship?
- 2) If the variance were to be approved, would it cause substantial adverse impact to an adjacent property owner or to the neighborhood? Would it be detrimental to the public's good?

EXAMPLE: If the approved variance placed a portion of your structure so close to a neighbor's property that his property rights were adversely affected or if by granting a variance to the height limit more harm is done to the general neighborhood than good is done for the applicant, then the variance should be denied.

- 3) Is the variance self-imposed?

EXAMPLE: You recently purchased a lot which contains 6,000 square feet of land area; you have plans drawn to construct a 3,000 square foot residence on the lot and find that you cannot meet the required setbacks. This would constitute a self-imposed hardship and the variance should be denied.

NOTE: NO VARIANCE MAY BE GRANTED FOR A USE WHICH IS PROHIBITED BY THE ZONING ORDINANCE WITHIN THE DISTRICT IN WHICH THE PROPERTY IS LOCATED.



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Agent Authorization Form

(Required if Applicant is other than property owner or is represented by an Agent)

Ownership Certification

State Of Georgia,
County Of Glynn County Georgia

I, the undersigned, do hereby certify that I am the owner of the property affected by the proposed application to the Glynn County Planning Commission (application file number _____) by virtue of a deed dated _____ on file in the Office of the Clerk of the Superior Court of Glynn County in Deed Book _____ Page _____

Owner's Name

Other Owner's Name

Owner's Signature

Date

Other Owner's Signature

Date

Agent Authorization

I/We, the undersigned owner(s) of property involved in this application, do hereby authorize _____ to act as Agent in submitting and representing the above identified application in my/our behalf.

Owner's Signature

Other Owner's Signature

I accept this authorization to act as Agent on behalf of the above owner(s).

Authorized Agent's Name

Authorized Agent's Signature

Date

Phone Number

Glynn County Community Development





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Filing Deadline of _____, 20__ for Glynn County Board of Zoning Appeals Meeting
of _____

Owner(s) of Property: _____

Address: _____

Telephone Number: _____

Brief Description and Location of Property: _____

Dimensions of Entire Property: _____

Square Footage of Entire Property: _____

Present Use of Property: _____

Zoning: _____

Section of Zoning Ordinance Being Appealed: _____

Describe Conditions causing Hardship and state Hardship that would be caused by Enforcement of Zoning
Ordinance: _____

Applicant: _____

Address: _____

Telephone Number: _____



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Specify Request: _____

We, the Undersigned Property Owners and Neighbors of

(Applicant)

have been informed of the Applicant's intention to request a Variance from the Zoning Ordinance to allow the above request. Stated below are our individual opinions: (Recommend approval or disapproval of the request.)

(Please sign in ink)

NAME	ADDRESS	APPROVAL OR DISAPPROVAL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach seven (7) copies of sketch (**to scale**) of the proposed request for variance in relation to the property involved and adjacent property. Identify unique characteristics of your property.

\$250.00 Fee Received _____
(Date)

By _____

Applicant's Signature

(Date)



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Date of Hearing: _____

Action Taken by Board of Appeals: _____
