

APPLICATION
CITY OF PORT WENTWORTH ZONING BOARD OF APPEALS

Date Filed: _____
Project #: _____

The APPLICATION and all SUPPORTING DOCUMENTS with the REQUIRED PLOT PLAN must be submitted to the Department of Development Services.

PLEASE PRINT OR TYPE:

Name of Applicant: _____

Property Owner (if different from applicant): _____

***** Authorization of Property Owner Form required if Applicant and property owner is not the same. *****

Property Location: _____
Address/Street Name Lot Number

Subdivision/Ward: _____ Zoning District: _____

NAMES, MAILING ADDRESSES and **PIN #'S** of property owners within 300 feet of the property line. Include those directly across a public right-of-way. Use additional sheet if necessary.

NAME	ADDRESS	PIN #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR APPEAL: Check appropriate section(s).

- () A decision of the Zoning Administrator which the applicant believes to be contrary to the meaning of the Zoning Ordinance.
- () An application to establish a use which must be approved by the Board of Appeals.
- () A request to vary:
 - () ___ foot ___ yard variance () ___ lot width variance
 - () ___ lot area variance () ___ setback variance
 - () Fence variance () ___% building coverage variance
- () A request for extension of a non-conforming use.
- () Other: _____

Describe those things you feel justify the action requested. List specific of the Zoning Ordinance which have a bearing on your request.

Multiple horizontal lines for text entry.

Signature of Applicant

Mailing Address of Applicant

Telephone Number

Email Address

Total Fees: Administrative Fee + Zoning Board of Appeals Application Fee = Total (Please refer to the current "Business User Fee Schedule")

Date Paid _____

*** Any application not completed in full will not be processed ***