



CITY OF RINCON, GEORGIA
Planning and Development Services
Phone: (912) 826-5996 / Fax: (912) 826-2083
www.cityofrincon.com

VARIANCE APPLICATION

LOCATION OF PROJECT

Location Address: _____

Current Zoning: _____ Map and Parcel: _____

Total Area of Property: (acres or square feet) _____

REQUEST

Explain need for variance request: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

PROPERTY OWNERSHIP

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

CONTACT PERSON

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Note: If any of the above involves a corporate entity, a list of the officers shall be attached to this application.

CAMPAIGN CONTRIBUTIONS

Has the applicant, property owner, contact person, or any officer of the corporate entity made political contributions to one or more City of Rincon Official(s), including any member(s) of the Planning and Zoning Board, during the past two years when combined, total 250.00 or greater?

- No. I have not made campaign contributions to any City of Rincon Official(s).
- Yes. I have made campaign contributions to one or more City of Rincon Official(s).

<u>City official</u>	<u>Title</u>	<u>Dollar Value</u>

SUBMITTAL REQUIREMENTS

- * Site Plan showing Legal survey of the plat prepared by registered surveyor in the State of Georgia
- * Proposed Master Plan
- * Application fee of \$150
- * Authorization of Property Owner, if the applicant is not the owner of the property

ACKNOWLEDGEMENTS

Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 26-2402 (False Swearing) calls for possible fine of not more than \$1,000 or imprisonment for not less than one (1) or more than five (5) years, or both.

Applicant understands that this application will not be processed by the Building and Zoning Department until all forms have been completed and all required documentation has been submitted.

Applicant's Signature: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Georgia

seal

For Office Use Only

Planning and Zoning Board	
Date of Meeting: _____	Approved: _____ Denied: _____
Remarks: _____	
City Council	
Date of Public Hearing: _____	Approved: _____ Denied: _____
First Reading: _____	Second Reading: _____
Remarks: _____	