



# TIFTON/TIFT COUNTY ZONING BOARD OF APPEALS APPLICATION

Dear Citizen:

Attached please find the requested for the Tifton/Tift County Zoning Board of Appeals application. The application must be filed out in the office of the Planning and Zoning Department at 225 N Tift Ave, Room 201 by \_\_\_\_\_ in order to be reviewed at the Board of Appeals meeting the following month.

In addition to the completed application, the following is required:

1. Application fee of \$150.00
2. Names and mailing addresses of all adjoining or adjacent property owners (side, front, rear, and across the street, etc.) **NO TENANT NAMES, PLEASE.** Failure to supply this required information will result in an automatic tabling by the Zoning Board of Appeals.

Your application will be reviewed by the Zoning Board of Appeals as follows, and it is necessary for you or your agent to attend the meeting of:

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

TIME: \_\_\_\_\_

If you have any question concerning this application, please contact the Tifton/Tift County Development Support Services at 386-7965.

The signature below acknowledges receipt by the applicant and/or his duly authorized representatives of the above referenced data

\_\_\_\_\_  
OWNER/AGENT

\_\_\_\_\_  
DATE



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File Number \_\_\_\_\_

I (We) \_\_\_\_\_ respectfully request that a determination be made by the Zoning Board of Appeals on the following appeal, which was denied by the Zoning Administrator on \_\_\_\_\_

An Appeal is requested for:

An interpretation of Section \_\_\_\_\_ of the Zoning Ordinance.

A Request to establish a variance of the following description to the ( area), (side), (front), (yard), (rear) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The premises affected are situated at ( address) \_\_\_\_\_  
\_\_\_\_\_ in a \_\_\_\_\_  
zoning district.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any previous application or appeal been filed in connection with these premises? \_\_\_\_

If so, when? \_\_\_\_\_

Does applicant/agent own property? \_\_\_\_\_

What is the approximate cost of the work involved? \_\_\_\_\_

Property Use (Present) \_\_\_\_\_  
\_\_\_\_\_



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## A PLAT MUST BE SUBMITTED SHOWING THE FOLLOWING:

1. The size and location of the lot.
2. The dimensions and location of the existing buildings or structures on the lot in question.
3. The dimensions and location of the proposed building, structure, or addition on the lot.
4. The location of any existing building on adjacent lots, and their distance from property lines.

I further state that if this request is granted, I will proceed with the actual construction in accordance with the plans herewith submitted within one year from date of filing this appeal.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date



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## AGENT'S CERTIFICATION

For this purpose of this application, I (We) hereby appoint the following named individual(s) as our duly authorized agents(s):

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Agents(s)

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Owner(s)

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Address

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Address

---

---

Telephone

---

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Telephone

---

Date

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Date