



Planning and Zoning Department
2116 Stallings Street, NW
Covington, Georgia 30014
Phone: (770) 385-2020
Fax: (770) 385-2170

June 2008

VARIANCE ATTACHED TO REZONING APPLICATION

REZONING ORDINANCE # _____

All Variance Attached to Rezoning applications are reviewed by the Planning and Zoning Department for completeness prior to being processed. **Incomplete applications will not be accepted.** It is the responsibility of applicant(s) to contact the Planning and Zoning Department for assistance with the application process and/or request pre-submittal review prior to submitting a formal application. This form must be submitted concurrently with applicant's Rezoning application.

I. CURRENT PROPERTY OWNER

Name (Applicant or Individual):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email:	

II. APPLICANT

Name (Applicant or Individual):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email:	

III. PROPERTY INFORMATION

Property Address:	
Tax ID/Parcel Number(s):	Parcel Size (Acres):
Zoning District:	Lot #
Subdivision of Project Name:	



IV. VARIANCE REQUESTED: *Please explain the variance(s) requested in this application in the area provided below.*

V. VARIANCE ATTACHED TO REZONING APPLICATION REQUIRED ITEMS: *The following item must be submitted as concurrent attachments to the application*

<input type="checkbox"/> Application fee in the amount of \$100.00 made payable to the City of Covington <input type="checkbox"/> One (1) copy of Rezoning Application to which this proposed variance shall be attached

*****FOR OFFICE USE ONLY*****

Fee Received:		Remarks:
M&C Hearing Date:		
Variance Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT INFORMATION

All certifications, authorizations and disclosures delineated in the Rezoning application shall also apply to this application.

