

**CITY OF GILMER APPLICATION FOR VARIANCE
\$250.00 FEE**

DATE FILED: _____

VARIANCE REQUEST #: _____

1. APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL: _____

2. OWNER, AGENT, OR ATTORNEY: _____

(If same as above, write same)

ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL: _____

3. VARIANCE REQUEST: (Please explain in detail)

4. PRESENT ZONING OF PROPERTY: _____

5. PROPERTY LOCATION: LOT NUMBER: _____ BLOCK NUMBER: _____

ADDITION: _____

6. REASON FOR REQUESTED CHANGE:

The Board of Adjustment will consider this request during a public hearing. Notice of the meeting will be given to all property owners within two hundred (200) ft. of the property on which the variance is requested. Also; a public notice of the hearing will be placed in the local newspaper.

*** Applicant must be the owner(s) of the property for which a variance is requested.
The applicant must hold the deed to the property referenced in question #5.**