

**City of Moultrie  
Request for Variance**

**PLEASE PRINT APPLICATION**

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

**Request Variance from Zoning Ordinance Article Number \_\_\_\_\_ Section \_\_\_\_\_**

**ADDRESS OF PROPERTY:** \_\_\_\_\_

Land Lot Number: \_\_\_\_\_ of the 8<sup>th</sup> Land District of Colquitt County, Georgia.

Deadline for applicant to turn in ALL applications and supplementary materials: \_\_\_\_\_

**Please select only ONE (1) of the following:**

\*\*\*The nature of the variance decides which group hears the variance request, please contact the Planning and Community Development Department at 229-890-5405 for more information.\*\*\*

Moultrie-Colquitt County Planning Commission Meeting Date: \_\_\_\_\_

Zoning Board of Appeals Meeting Date: \_\_\_\_\_

City Council Meeting Date: \_\_\_\_\_

**Paperwork Needed:**

\_\_\_\_\_ Fill out Request for Variance (Planning and Community Development Department; Municipal Annex—200 1<sup>st</sup> Street NE)

\_\_\_\_\_ Site Plan and Elevations showing the Variance Request —No larger than 11” x 17” (25 copies needed if to appear before Moultrie-Colquitt County Planning Commission)

\_\_\_\_\_ Fee Required: made payable to the City of Moultrie

\_\_\_\_\_ Other Documents

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

For Additional Information, Contact:

Regina Strickland, Administrative Coordinator, or Daniel Parrish, Director of Planning, at 229-890-5405.

**APPLICANT/OWNER:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (W): \_\_\_\_\_ Telephone (H): \_\_\_\_\_

In the last year have you contributed more than \$250.00 to the campaign of an elected official? \_\_\_\_\_

*If yes, attach a disclosure report with the City of Moultrie showing:*

*The name and official position of the local government official to whom the campaign contribution was made; and the dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.*

**REPRESENTED BY:** (if applicable)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (W): \_\_\_\_\_ Telephone (H): \_\_\_\_\_

In the last year have you contributed more than \$250.00 to the campaign of an elected official? \_\_\_\_\_

1. This property is located on the \_\_\_\_\_ side of \_\_\_\_\_ and lies  
*North/South/East/ West Street Name*  
between \_\_\_\_\_ and \_\_\_\_\_.  
*Street Name Street Name*

2. Property in question: Lot Frontage \_\_\_\_\_ feet  
Lot Depth \_\_\_\_\_ feet  
Square footage/Acres \_\_\_\_\_  
Improved or Unimproved? \_\_\_\_\_  
Use of Buildings: Residential Commercial Industrial

3. Purpose of Request for Variance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order that the general health, safety, and welfare of the citizens of the City of Moultrie may be preserved and substantial justice maintained, I (we) the undersigned respectfully request the aforementioned rezoning in connection with the property herein described. I (we) hereby certify that I am the owner, or legal agent of the owner, in fee simple of the above-described property.

\_\_\_\_\_  
Owner/Authorized Agent

\_\_\_\_\_  
Witness

