

APPLICATION
CITY OF PORT WENTWORTH ZONING BOARD OF APPEALS

Date Filed: _____
Case Number: _____

The **APPLICATION** and all **SUPPORTING DOCUMENTS** with the **REQUIRED PLOT PLAN** must be submitted to the office of the Department of Development Services.

PLEASE PRINT OR TYPE:

Name of Applicant: _____

Property Location: _____
Address/Street Name Lot Number

Subdivision/Ward: _____ Zoning District: _____

NAMES, ADDRESSES and **ZIP CODES** of surrounding property owners at their place of residence as of date of filing. Include those directly across a public right-of-way.
 Use additional sheet if necessary.

NAME	ADDRESS	ZIP CODE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR APPEAL: Check appropriate section(s).

- () A decision of the Zoning Administrator which the applicant believes to be contrary to the meaning of the Zoning Ordinance.
- () An application to establish a use which must be approved by the Board of Appeals.
- () A request to vary:
 - () ___ foot ___ yard variance () ___ lot width variance
 - () ___ lot area variance () ___ setback variance
 - () Fence variance () ___ % building coverage variance
- () A request for extension of a non-conforming use.
- () Other: _____

Describe those things you feel justify the action requested. List specific of the Zoning Ordinance which have a bearing on your request.

Signature of Applicant

Mailing Address of Applicant

Telephone Number

***** Any application not completed in full will not be processed for hearing*****

FOR OFFICE USE:

Notice of hearing sent: _____

Property Posted: _____

Date of Hearing: _____

Notice Published in Newspaper: _____