

**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, MAILING ADDRESSES and PIN #'S of property owners within 250 feet of the property line. Include those directly across a public right-of-way. Use additional sheet if necessary.

NAME	ADDRESS	PIN #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 area variance
 - () Fence variance
 - () ____ lot width variance
 - () ____ setback 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

Email Address

\$50.00 Administrative Fee Date Paid _____

***** 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: _____