



MORGAN COUNTY PLANNING COMMISSION

Submit to: Morgan County Planning & Development
150 E. Washington Street, Suite 200
Madison, Georgia 30650

CRITERIA FOR VARIANCE

From the Morgan County Zoning Ordinance, Section 20.3.1 Required Findings for Variance Approval

- There are extraordinary and exceptional conditions pertaining to the property because of size, shape and topography;
- The literal application of this Ordinance would create an unnecessary hardship;
- A variance would not cause substantial detriment to public good and impair the purposes and intent of this Ordinance;
- A variance would not confer upon the property of the applicant any special privilege denied to other properties in the district;
- The special circumstances surrounding the request for the variance are not the result of acts of the applicant;
- The variance is not a request to permit a use of land, buildings, or structures which is not permitted by right or by conditional use in the district;
- The zoning proposal is consistent with all standards and criteria adopted by Morgan County;
- The variance is the minimum variance that will make possible an economically viable use of the land, building or structure.



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APPLICATION FOR ZONING ACTION: VARIANCE

Applicant Information (same as owner Yes No)

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Property Information

Address: _____
Tax Parcel: _____
Zoning Designation: _____
Acreage: _____
In Conservation Use: Yes No
State Waters on Property: Yes No

Submission of inaccurate information may be cause for denial of the request or, if discrepancies are realized after the approval for the petition or issuance of the relevant local permits, cause for the revocation of the approval and any related permits by the Board of Commissioners. The following documents must be submitted with this application prior to the application deadline. **Partial applications will not be accepted.**

1. Payment of appropriate fee (please make checks payable to Morgan County).
2. Plat or site plan, drawn to scale, showing the locations of structures or uses for which the variance is sought, as well as relationship to existing structures. Dimensions must be included.
3. Written description of your request in letter format, addressed to the Morgan County Planning Commission. All required criteria (attached) must be addressed in the written description. Specific sections of the ordinance that would cause hardship must be identified, along with a description of the particular hardship.

The documents listed above are the minimum requirements. Staff may require additional documentation depending on the nature of the Conditional Use request. All submitted documents are public records and subject to Opens Records Law.

Has applicant made \$250 or more in campaign contributions to a local government official within two years immediately preceding the filing of this application? Y N If yes, please complete contribution affidavit.

I have reviewed the application procedures and all applicable criteria and regulations in the Morgan County Zoning Ordinance for the above requested Conditional Use. I hereby claim that this application fulfills said procedures and meets the criteria for approval.

Applicant Signature: _____ Date: _____



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OWNER AUTHORIZATION

Owner Information

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Property Information

Address: _____
Tax Parcel: _____
Acreage: _____

I swear that I am the owner of the property listed above. I authorize _____
(applicant's name) to apply for a zoning action (zoning map amendment, conditional use, variance) at the above
listed address, as identified on the attached application.

Owner signature

Notary Public
Sworn and subscribed before me this
___ day of _____ 20__.

CAMPAIGN CONTRIBUTION DISCLOSURE

If the business of the applicant or owner, or the applicant or owner individually, have made contributions or gifts having a total value of over \$250 or more to any elected official in Morgan County within two (2) years preceding the date of this application, the following must be completed:

Name of Recipient	Date	Contribution Amount	Description of Gift	Value of Gift

Name of Business: _____
Business Ownership Interest: _____ Property Ownership Interest: _____

I hereby depose and say that all statements herein are true, correct and complete to the best of my knowledge and belief.

Owner or Applicant Signature

Notary Public
Sworn and subscribed before me this
___ day of _____ 20__.