



6. The Board of Zoning Appeals must make detailed findings of fact based on your application and presentation at the meeting. Failure to present evidence in support of the findings may result in the denial of your application. Therefore, please complete the following statements :

The approval of the proposed project will not be injurious to the public health, safety, morals and general welfare of the community because...

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The use and value of the area adjacent to the proposed project will not be affected in a substantially adverse manner because...

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The need for the variance arises from some condition peculiar to the property involved. (Please explain)

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The strict application of the terms of the ordinance will constitute an unnecessary hardship if applied to the property for which the variance is sought. (Please explain)

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The approval does not interfere substantially with the master plan adopted by the city because...

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The unnecessary hardship referred to above is due to the exceptional narrowness, shallowness, shape, location, or topography of the location of the proposed sign. (Please explain)

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**REQUIRED ATTACHMENTS**

1. Copies of recorded deeds describing each parcel included in this petition. (Acquire a copy from the DeKalb County Recorder's office)	Attached	Not Attached	
2. A site plan showing property lines, existing and proposed structures and changes to structures, utility electric line, pipes and sanitary and storm drains, show distances between structures and the property lines, show alley way access or additional street access or driveway cuts onto public right of way and all other details that are necessary to explain the proposed project.	Attached	Not Attached	
3. Survey of the property showing the property lines and existing improvements with a legal description. (as may be required by the Board of Zoning Appeals or staff)	Attached	Not Attached	Not Required
4. Construction plans of the proposed project, layout and footer/foundation details, roof/truss information and what the structure will look like.	Attached	Not Attached	Not Required
5. For property located in a floodplain: a floodplain elevation certificate done by a registered land surveyor.	Attached	Not Attached	Not Required
6. For any work in a County regulated drain: provide the written approval of the DeKalb County Drainage Board.	Attached	Not Attached	Not Required
7. Affidavits of ownership for all owners of the property included in this application who did not sign the application.	Attached	Not Attached	Not Required
8. Fee: \$100.00 (pay by check, cash or money order)	Attached	Not Attached	Not Required

**CERTIFICATION: I certify and/or acknowledge that:**

- I am the owner or legal agent for the owner(s) of the property subject to this application;
- The completed application will be reviewed not less than once by the city's planning/utility review committee prior to setting a date for the public hearing;
- The applicant or the applicant's representative shall be present at the hearing;
- The applicant is responsible for payment prior to the hearing of: (1) filing fees; (2) the cost of providing notice of the hearing to adjacent property owners; and (3) the cost of publication of a legal notice, as specified by city ordinance; and
- Communication with any member of the Board of Zoning Appeals prior to the hearing with intent to influence the member's action on a matter pending before the Board is a violation of state law.
- The information and documents provided in and with this application is to the best of my knowledge true and accurate.

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 Signature of Applicant or Owner                      Printed Name                      Date

<b>OFFICE USE</b>	<u>Date Received</u>	<u>Received By</u>	<u>Report and Meeting Dates</u>
Application	_____	Routing	_____
Filing Fee	Receipt: _____ \$ _____	Hearing	_____
Newspaper Notice	_____	Agenda	_____
Mail Receipts	_____	Staff Report	_____
Reduced copy:	_____	Sent reports to petitioners	_____
Zoning District: R-1 / R-2 / R-3 / R-2P / R-3P / C-1 / C-2 / C-2P / I-1 / I-2 / MH / OS			
Zoning Code Sections: _____			
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