



# Administrative Variance Application

Bulloch County  
P.O. Box 347, Statesboro, GA 30459  
Phone: (912) 489-1356 Fax: (912) 764-2515  
Email: [zoning@bullochcounty.net](mailto:zoning@bullochcounty.net)

**For Office Use Only**  
Fee Paid \$ \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  
App. # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**THE APPLICANT NAMED ABOVE AFFIRMS THAT THEY ARE THE OWNER OR AGENT OF THE OWNER OF THE PROPERTY DESCRIBED BELOW AND REQUESTS:** (please check the type of request and fill all applicable information legibly and completely).

**Map and Parcel #:** \_\_\_\_\_ **Current Zoning District:** \_\_\_\_\_

Purpose of Request: \_\_\_\_\_  
\_\_\_\_\_

Set-back: required \_\_\_\_\_ requested (max 20%) \_\_\_\_\_

Property Address or Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Structures Currently on Property: \_\_\_\_\_

Total Size of Tract: \_\_\_\_\_ acre(s) Size of Tract in Request: \_\_\_\_\_ acre(s)

Signature of Owner(s) \_\_\_\_\_

Signature and Seal (Notary Public) \_\_\_\_\_

Printed Name of Owner(s) \_\_\_\_\_

Date Sworn and Subscribed (Notary Public) \_\_\_\_\_

Signature of Agent \_\_\_\_\_

Date My Commission Expires (Notary Public) \_\_\_\_\_

### Campaign Contribution and Conflict of Interest Disclosure

*Has the applicant, property owner, or the applicant's agent, within the past two years, made campaign contributions or given gifts having an aggregate value of \$250 or more to a member of the Bulloch County: Board of Commissioners, Planning and Zoning Commission, or other official who will be considering the zoning-related request? YES  NO*

If yes, please complete the following section: (additional sheets if necessary)

Government Official	Contribution Amount	Gift Type	Contribution Date	Given By

*To the best of my knowledge, I, the undersigned, having made application for a zoning action, do hereby declare that I have reviewed and complied with the State law titled "Conflict of Interest in Zoning Actions."*

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_