

Administrative Watershed Protection Overlay Variance Application

**Douglas County Board of Commissioners
Douglas County, Georgia**

Date of Application: _____ Application #: _____

Address of Property:

Land Lot: _____ District: _____ Section: _____ Parcel: _____

Owner of Property: _____

Mailing Address:

Telephone Number (Daytime): _____

Applicant: _____

Mailing Address:

Telephone Number (Daytime): _____

Email address: _____

AFFIDAVIT
Authorization by Property Owner

I swear that I am the owner of the property that is the subject matter of the attached application, as it is shown in the records of Douglas County, Georgia.

I authorize the persons named below to act as applicant in the pursuit of the obtaining the Stream Buffer Variance for this property.

Name of Applicant: _____

Address:

Telephone Number: _____

Owner (Printed Name)

Signature of Owner

Date

Personally Appeared Before Me:

Who swears that the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

Notary Public

Date

Please check the appropriate category for which you are seeking a variance and indicate the variance (increase or decrease) you are seeking:

Stream Buffer Reduction
Not to exceed a reduction in the minimum setback required by 25%.

Maximum Impervious surface required by 25%

Variance _____

ITEMS WHICH MUST ACCOMPANY APPLICATION

- A. Owner's Signature or Affidavit** – If the owner and applicant are not the same, the owner must sign the application or complete attached affidavit.
- B. Plat** – A copy of a plat, drawn by a licensed engineer or surveyor.
- C. Warranty Deed** – A copy of the recorded warranty deed to the property must accompany each application.
- D. Proof of Taxes Paid** – Proof that all ad valorem taxes due on the property have been paid must accompany each application.

I have read and understand the attached application and zoning procedures. I also hereby authorize the Planning staff to inspect the premises which are the subject of this rezoning application.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____

Director of Planning & Zoning Recommendation:

Assistant County Engineer Recommendation:

Director of Development Services Action:

Date of Action: _____