

# Administrative Watershed Protection Overlay Variance Application

Douglas County Board of Commissioners  
Douglas County, Georgia

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Date of Application: \_\_\_\_\_ Application #: \_\_\_\_\_

Address of Property:

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Land Lot: \_\_\_\_\_ District: \_\_\_\_\_ Section: \_\_\_\_\_ Parcel: \_\_\_\_\_

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Owner of Property: \_\_\_\_\_

Mailing Address:

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Telephone Number (Daytime): \_\_\_\_\_

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Applicant: \_\_\_\_\_

Mailing Address:

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Telephone Number (Daytime): \_\_\_\_\_

Email address: \_\_\_\_\_

## **AFFIDAVIT**

Authorization by Property Owner

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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: \_\_\_\_\_