



City of Springfield

Application for Variance

130 S. Laurel Street
PO Box 1
Springfield, GA 31329
(912) 754-7617

Applicant Name: _____

Applicant Mailing Address: _____

Phone Number: _____ Email Address: _____

Street Address of Property: _____

Explain why the variance or conditional use is requested: _____

(continue on back of page if needed)

I am the owner of the property: YES NO

If you are not the property owner, written permission from the owner stating approval for this home occupation conditional use, or variance request must be attached)

Applicants Signature

Date

The Zoning Official or City Clerk will review this application and confirm if variance or conditional use is required for requested use. If required, the applicant will initial below, acknowledging the public hearing dates and process needed for approval. Fee will be required at this time.

To be completed by Zoning Official:

Parcel ID: _____ Current Zoning: _____

Code Section Affected: _____

Invoice: _____ Amount: _____ Date Paid: _____

Planning & Zoning Public Hearing Date: _____

City Council Public Hearing Date: _____ Notification sent: _____

Planning and Zoning Recommendation: _____

Zoning Official: _____

City Council Decision: _____

City Clerk: _____