



**Variance
Application**

**City of Senoia
P.O. Box 310
Senoia, GA 30276
770.599.3679**

Project Name: _____ Unit: _____ Phase: _____

Zoning District: _____ Acreage: _____ Number of Units: _____

Owner(s) Name: _____

Applicant(s) Name: _____

Property Location: _____
Property Address Land Lot(s), Parcel(s)

Mailing Address: _____

Phone Number: _____ Fax: _____

Email address (if available): _____

Explanation of Variance Request: _____

Applicant Checklist:

1. _____ Required fee - \$300
2. _____ List of abutting property owners
3. _____ 8 copies of the Conceptual Plan and Justification

Owner's Signature: _____ Date: _____

Print Owner's Name: _____

Applicant's Signature: _____ Date: _____

Print Applicant's Name: _____

Note: Application for variance must be filed at least twenty-one (21) days before the scheduled hearing.
The applicant may appear in person or be represented by an agent of attorney

Expected Date of Hearing: _____

Expected Date of Ruling: _____