



City of Union City  
5047 Union Street  
Union City, GA 30291  
Phone (770) 969-9266  
Fax (770) 964-8795

# Union City Zoning Administrator

## Process for Filing a Petition to Request for an Administrative Variance

*One (1) copy of application and the following items must be submitted to the Zoning Administrator. Do not alter the application in any way. This application will not be processed if any required item is not provided. Applicants will be informed within five (5) working days if the decision of the Zoning Administrator.*

- Completed application forms – all information required of the appellant must be provided and must be printed clearly or typewritten
- Letter of intent describing the proposed use
- Site plans for the proposed use – preferably 11” X 17” but no smaller than 8 ½” X 11”
- Application Fee of \$300.00

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### **GENERAL INFORMATION**

Name and Address of Appellant \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

Name and Address of Legal Owner of Property \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

Legal Description of Property (Type in or Attach) \_\_\_\_\_

Zoning District of Property \_\_\_\_\_

Location: Give a description of the entire lot or tract to which the variance would apply including a legal description and plat of the property and the street address, if any.

Land Lot \_\_\_\_\_ District \_\_\_\_\_ Zoning District \_\_\_\_\_

Street Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Acreage \_\_\_\_\_ Lot # \_\_\_\_\_

Variance Request – no request should be in excess of 20% of the setback requirement

1. Reduce the front yard or yard adjacent to public street setback from \_\_\_\_\_ ‘ feet to \_\_\_\_\_ ‘ feet
2. Reduce the right side yard setback from \_\_\_\_\_ ‘ feet to \_\_\_\_\_ ‘ feet
3. Reduce the left side yard setback from \_\_\_\_\_ ‘ feet to \_\_\_\_\_ ‘ feet
4. Reduce the rear yard setback from \_\_\_\_\_ ‘ feet to \_\_\_\_\_ ‘ feet

Reason: (Attach additional pages if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I HEREBY DEPOSE AND SAY THAT ALL ABOVE STATEMENTS AND ATTACHED STATEMENTS AND/OR EXHIBITS SUBMITTED ARE TRUE AND CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
PUBLIC NOTARY

\_\_\_\_\_  
APPELLANT OR AGENT



City of Union City, Georgia

## Property Owner's Authorization

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The Undersigned below, or as attached, is the owner of the property which is the subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of a rezoning of the property.

Name of Applicant \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address of Subject Property \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Owner

Personally appeared before me

\_\_\_\_\_

who swears the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

*(Affix Raised Seal Here)*

\_\_\_\_\_  
Date