



CITY OF LOVEJOY
 2296 Talmadge Road * P.O. Box 220
 Lovejoy, GA 30250
 770-471-2304
 www.cityoflovejoy.com

VARIANCE APPLICATION

LEGAL OWNER OF LAND: _____
 MAILING ADDRESS: _____
 CITY/STATE/ZIP CODE: _____
 TELEPHONE NUMBER: _____
 APPLICANT'S NAME: _____
 APPLICANT'S ADDRESS: _____
 APPLICANT'S TELEPHONE NO.: _____

VARIANCE REQUEST

REDUCE SETBACKS:

A. SIDEYARD: _____ TO _____
 B. FRONTYARD: _____ TO _____
 C. REARYARD _____ TO _____

INCREASE:

D. MAX HEIGHT: _____ TO _____

OTHER: _____

LOCATION

PROVIDE A LEGAL DESCRIPTION OF THE ENTIRE LOT OR TRACT TO WHICH THE VARIANCE WOULD APPLY INCLUDING A PLAT OF THE PROPERTY AND THE STREET ADDRESS, IF APPLICABLE.

LAND LOT _____ DISTRICT _____ ZONING _____

STREET ADDRESS: _____

PROJECT NAME: _____ LOT: _____

APPLICANT SIGNATURE: _____

SIGNATURE _____ DATE _____

PROPERTY OWNER SIGNATURE: _____

SIGNATURE _____ DATE _____

OFFICIAL USE ONLY:	
ACTION TAKEN: _____	BY: _____
DATE OF ACTION: _____	AMOUNT DUE: _____
PAYMENT VIA: _____	ISSUE DATE: _____
STIPULATIONS: _____	