

STREAM BUFFER VARIANCE APPLICATION

This page must be completed by the Applicant.

APPLICANT

Name

Company

Mailing Address

City, State

Zip Code

Primary Phone #

Alternate Phone #

E-mail

PROJECT SUMMARY

Name of the Project: _____

Project Street Address: _____

Total # of Properties: _____

Total Project Acreage _____

Total # of Buildings _____

Detailed Project Description (*Include Proposed Use(s) and Square Footage of Floor Area for each use*):

Variances requested from UDO Sections: _____

Pre-application Form signed and dated by the Development Director attached to this form for this project.



PROPERTY INFORMATION

The Applicant shall complete one page for each property.

Property # _____ of _____

_____ Chamblee, GA _____
Property Address City Zip Code

_____ Parcel ID

_____ Zoning District _____
Use(s) Character Area (Future Development Map)

_____ Lot # _____
Subdivision Name Block #

OR

Indicate here that an exhibit identifying the property location is attached.

PROPERTY OWNER AUTHORIZATION

_____ Owner Name

_____ Owner Signature

If the applicant is not the owner, submit a signed/notarized Owner Permission Affidavit form.



WRITTEN ANALYSIS FOR A STREAM BUFFER APPLICATION

The Mayor and City Council shall authorize variances to the City of Chamblee Stream Buffer standards found in Chapter 310, Article 2 of the UDO only upon consideration of the following factors. Please provide an explanation below for each factor as it applies to your property. Attach additional pages as needed.

1. The shape, size, topography, slope, soils, vegetation, and other physical characteristics of the property;

2. The locations of all streams on the property, including along property boundaries;

3. The location and extent of the proposed buffer or setback intrusion;

4. Whether alternative designs are possible which require less intrusion or no intrusion;

Written Analysis for Stream Buffer Variance Application, Page 2

5. The long-term and construction water-quality impacts of the proposed variance; and

6. Whether issuance of the variance is at least as protective of natural resources and the environment.

I hereby certify that all information provided herein and in the accompanying Application is true and correct.

_____ Date: ____ / ____ / ____
Applicant Signature

OFFICIAL USE: Fee: \$ _____ Cash Check # _____ CC - Visa/ MC Date: ____ / ____ / ____

I hereby certify that this application is complete and hence has been accepted and filed as of the following date of certification.

_____ Official Application Submittal Date: ____ / ____ / ____

Signature _ City Manager or _ his/her Designee (print name) _____

If Applicable, the Applicant has been notified that this application is to be reviewed at the next available **Architectural Design Review Board meeting** scheduled for:

 Date: ____ / ____ / ____ at Time: _____ PM / AM at the following location: _____.

The Applicant has been notified that this application is to be heard at the next available **Mayor and City Council hearing** scheduled for:

 Date: ____ / ____ / ____ at Time: _____ PM / AM at the following location: _____.



Disclosure of Campaign Contributions & Gifts

Application filed on _____, 20__ for action by the City of Chamblee City Council for zoning action requiring a public hearing on property described as follows:

The undersigned below, making application for a zoning action, has complied with O.C.G.A. Section 36-67A-1, et. seq. Conflict of Interest in Zoning Actions, and has submitted or attached the required information on this form.

All individuals, business entities, or other organizationsⁱ having a property or other interest in said property subject of this application are as follows (attach additional sheets if necessary):

Have you as applicant, agent for applicant, or anyone associated with this application or property, within the two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to an elected official of the City of Chamblee? YES NO

If YES, please complete the following section (attach additional sheets if necessary):

Name and Official Position of Government Official	Dollar amount & description of each contribution	Date of Contribution

I do hereby certify the information provided herein is both complete and accurate to the best of my knowledge.

Signature of Applicant

Type or Print Name and Title

Signature of Applicant's Representative

Type or Print Name and Title

This instrument was signed before me on this date _____

County _____ Georgia Notary Signature: _____

Affix seal/stamp as close to signature as possible

ⁱ Business entity may be a corporation, partnership, limited partnership, firm, enterprise, franchise, association, trade organization, or trust while other organization means non-profit organization, labor union, lobbyist or other industry or casual representative, church, foundation, club, charitable organization, or educational organization



Owner Permission Affidavit

Subject Property Street Address: _____

Subject Property Tax ID number: 18 - _____ - _____ - _____

Owner:

Name (Person, Firm, Corporation, or Agency): _____

Mailing Address: _____

Phone: _____

Email: _____

Property Owner's Agent (If applicable)

Name (Person, Firm, Corporation, or Agency): _____

Mailing Address: _____

Phone: _____

Email: _____

I am applying for, or I hereby give authority to the applicant to file an applicant for: _____

Owner/Agent (if applicable) Signature: _____

Print name of signer(s)

This instrument was signed before me on this date _____

County _____ Georgia Notary Signature: _____

Affix seal/stamp as close to signature as possible