

**APPLICANT'S CHECKLIST
CHEROKEE COUNTY ADMINISTRATIVE
VARIANCE**

IMPORTANT: Applications must be submitted to the Zoning Administrator. The applications must be complete and have all required attachments. If you have questions regarding the application itself or questions on any required attachments, you will need to contact Planning and Land Use.

The Zoning Administrator will issue a letter of approval or denial within 15 business days.

- ___ STEP 1. Complete the application.
- ___ STEP 2. Return the completed application and the required attachments to Cherokee County Planning and Land Use.
- ___ STEP 3. Include written evidence that a hardship exists (topographic problem explained by a builder or problems with septic lines explained by the Health Department are examples).
- ___ STEP 4. Include plot plan of the property along with the proposed changes drawn to scale.
- ___ STEP 5. Include any other information which might be helpful (photographs, etc.)

REVIEW PROCESS

Upon receipt of a completed application and the required attachments, the Zoning Administrator will consider the application and either approve or deny the request within 15 business days.

A denial by the Zoning Administrator may be appealed to the Cherokee County Zoning Board of Appeals. Further appeal to a ZBA decision may be made to the Cherokee County Board of Commissioners. This appeal must be filed within ten (10) days of the ZBA decision.

If you have questions regarding the Zoning Board of Appeals, please contact the Cherokee County Planning and Land Use at 678-493-6103.

If your application is approved, payment will be required when you pick up your approved application. Payment cannot be accepted in advance.

PL# _____

RECEIVED: _____

CASE NUMBER: 2017-ADMIN -

ADMINISTRATIVE VARIANCE APPLICATION

FORWARD THIS FORM AND FEE TO:

CHEROKEE COUNTY DIVISION OF PLANNING AND LAND USE

AMOUNT OF FEE:

RESIDENTIAL (INDIVIDUAL) \$200.00

COMMERCIAL, INDUSTRIAL OR BUILDING CONTRACTOR \$300.00

APPLICANT: _____

OWNER: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____

PHONE #: _____

EMAIL: _____

EMAIL: _____

ADDRESS OF PROPERTY: _____

HAS THE ABOVE DESCRIBED PROPERTY BEEN BEFORE THE ZONING BOARD OF APPEALS PRIOR TO THIS APPLICATION OR TO THE PLANNING COMMISSION FOR A REZONE? (IF YES, WE WILL NEED TO KNOW THE DATE AND THE CASE # FOR THAT FILE)

SUBDIVISION NAME (if applicable): _____

BUILDING PERMIT #: _____

PRESENT AND/OR PROPOSED USE OF PROPERTY: _____

ZONING: _____

LOT SIZE: _____

MAP NUMBER: _____

PARCEL NUMBER: _____

APPLICATION FOR ADMINISTRATIVE VARIANCE

(1) What does the Zoning Ordinance require? _____

(2) What adjustment is needed? _____

(3) Why is adjustment necessary? (**Please attach letter justifying this variance request**) _____

(4) Are there any extraordinary or exceptional conditions pertaining to the particular piece of property in question because of the size, shape or topography? _____

