





P. O. Box 400  
Dacula, GA 30019  
(770) 962-0055 / Fax (770) 513-2187

**APPLICATION**

<b>City Council</b>
<input type="checkbox"/> Waivers
<input type="checkbox"/> Variance

<b>Staff Approval Only</b>
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<input type="checkbox"/> Modifications
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*(Please Type or Print using BLACK INK)*

APPLICANT *	PROPERTY OWNER *
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____

**APPLICANT IS THE:**

- OWNER'S AGENT
- PROPERTY OWNER

*\* Include any person having a property interest and/or a financial interest in any business entity having property interest (use additional sheets if necessary).*

CONTACT PERSON \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PRESENT ZONING DISTRICT(S) \_\_\_\_\_ LAND LOT(S) \_\_\_\_\_ DISTRICT(S) \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_ ACREAGE \_\_\_\_\_

Describe your request in detail and state justification/hardship: \_\_\_\_\_

*(Attach additional sheets if necessary)*

HAS THE APPLICANT FILED ANY OTHER APPLICATIONS FOR THIS PROPERTY WITHIN THE PAST 12 MONTHS ?  Yes  No

If Yes, please describe: \_\_\_\_\_  
*(Attach additional sheets if necessary)*

**LETTER OF INTENT & LEGAL DESCRIPTION OF PROPERTY**

\*\*\* PLEASE ATTACH A "LETTER OF INTENT" EXPLAINING REQUEST and TYPED "LEGAL DESCRIPTION" OF PROPERTY TO BE AFFECTED \*\*\*

**CASE NUMBER:** \_\_\_\_\_

**APPLICANT CERTIFICATION**

The undersigned is authorized to make this application and is aware that if an application is denied, no application or re-application affecting the same property shall be acted upon within twelve (12) months from the date of last action unless waived by the City.

<i>Signature of Applicant</i>	<i>Date</i>
<i>Type or Print Name/Title</i>	
<i>Notary Public</i>	<i>Date</i>

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**PROPERTY OWNER CERTIFICATION**

The undersigned, or as attached, is the record owner of the property considered in this application and is aware that if an application is denied, no application or re-application affecting the same land shall be acted upon within twelve (12) months from the date of last action unless waived by the City.

<i>Signature of Applicant</i>	<i>Date</i>
<i>Type or Print Name/Title\</i>	
<i>Notary Public</i>	<i>Date</i>

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**FOR ADMINISTRATIVE USE ONLY**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ FEE \_\_\_\_\_ RECEIPT # \_\_\_\_\_  
LAND LOT \_\_\_\_\_ DISTRICT \_\_\_\_\_ PARCEL # \_\_\_\_\_ HEARING DATE \_\_\_\_\_

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**FOR ADMINISTRATIVE USE ONLY**

ACTION TAKEN \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
STIPULATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to the Mayor and/or a member of the City Council.

Yes       No

If the answer is *Yes*, please complete the following section:

<b>Name of Government Official</b>	<b>Contributions</b> <i>(All which aggregate to \$250.00+)</i>	<b>Contribution Date</b> <i>(within last 2 years)</i>
_____		
_____		
_____		
_____		

Have you, within the two years immediately preceding the filing of this application, made gifts having in the aggregate a value of \$250.00 or more to the Mayor and/or a member of the City Council or a member of the Dacula Planning Commission or Zoning Board of Appeals.

Yes       No

If the answer is *Yes*, please complete the following section:

<b>Name of Government Official</b>	<b>Description of Gifts</b> <i>(Valued aggregate \$250.00+)</i>	<b>Date Gift was Given</b> <i>(within last 2 years)</i>
_____		
_____		
_____		
_____		

*(Attach additional sheets if necessary to disclose or describe all contributions/gifts)*

ADJOINING PROPERTY OWNER(S)  
RECORD NOTIFICATION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
(Sent by First Class Mail and Certified Mail - Return Receipt Requested)

FROM: \_\_\_\_\_

RE: Proposed Variance Case # \_\_\_\_\_

Property Location: 5th District, Land Lot \_\_\_\_\_ Parcel \_\_\_\_\_

LOCATION/ADDRESS \_\_\_\_\_

\_\_\_\_\_

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You are hereby notified that an application for variance \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ has been submitted to the City of

Dacula.

The proposed variance is contiguous to your property.

The CITY COUNCIL Public Hearing/Meeting will be held at the Dacula City Hall, 442 Harbins Rd., Dacula,

Georgia on \_\_\_\_\_ at \_\_\_\_\_ in the Council Chambers.  
*(date)*

If you have any comments or concerns concerning this matter, please plan to attend the public hearings.

Thank you.