



Zoning Variance Application

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Updated **MAR 2026**

NOTICE TO APPLICANT

This application will not be processed until the following items are submitted:

- Filing fee (checks payable to: City of Pooler)
- Survey of the property signed and stamped by a State of Georgia Certified Land Surveyor
- Site plan and/or architectural rendering of proposed development depicting location of lot restrictions
- One copy if 11" x 17" or smaller; 16 copies if larger
- Signed and dated Campaign Contribution and Variance Standards forms
- Authorization of property owner signed, dated, and notarized

Under Contact Information, addresses and telephone numbers do not have to be repeated if already provided. Staff correspondence will be sent to one designated contact person, not all listed.

OFFICE USE ONLY

Hearing Date: _____ Published in Legal Organ: _____

Letters of Notification Mailed: _____ Sign Posted: _____

Action (minutes attached): Approved Denied Results Mailed to Applicant: _____

Contact Information

Applicant Name _____ Applicant Phone _____

Applicant Mailing Address _____ Applicant Email _____

Property Owner Name _____ Property Owner Phone _____

Property Owner Mailing Address _____ Property Owner Email _____

Contact Person Name _____ Contact Person Phone _____

Contact Person Mailing Address _____ Contact Person Email _____

Property Information

Location Address _____ Parcel Identification # _____



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Current Zoning

Current Use

Purpose of the variance request, including specific sections of zoning ordinance that apply:

Adjacent Property Owner Notification

At least seven (7) days prior, but not more than forty-five (45) days before the date of the public hearing, a notice setting forth the date, time, and place for such public hearing shall be sent by mail by the applicant to the property owner (if not the applicant) and all owners of property located adjacent to or across a public right-of-way from the property being proposed for a zoning action. Provide the names and addresses below (provide additional sheet if necessary).

Name & Address (including zip code)

Parcel ID

Name & Address (including zip code)

Parcel ID

Name & Address (including zip code)

Parcel ID

Name & Address (including zip code)

Parcel ID

Name & Address (including zip code)

Parcel ID

Name & Address (including zip code)

Parcel ID

Affidavit

I, the undersigned, certify that I have read, examined, and completed this application and certify that all the information pertained in this application is true and correct.

Applicant Name

Applicant Signature

Date

Attestant Name

Attestant Title

Date