

ADMINISTRATIVE VARIANCE APPLICATION City of Holly Springs, Georgia AV-_____

Address Address Zip Code Phone Zip Code Zip	Applicant		Owner (If other than Applicant)	
Email:	Address		Address	
Administrative variances are only allowed if the threshold does not exceed 10% and does not violate any zoning stipulations. Present Zoning District Acreage Land Lot(s) District(s) Section(s) District(s) Section(s) District(s) Section(s) Description/Type Request Dustification/Reason for Request (please also see attached questions) Documentation verifying that ad valorem taxes are current; Filing fee of \$250.00, check payable to the City of Holly Springs. Check# Do Not Write Below Line	Zip Code	Phone	Zip Code	Phone
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Variance Procedures, Article 15.3-1

No variance shall be authorized unless all of the following conditions exist:

1.	That the special circumstances or conditions applying to the building, structure or land in question are peculiar to such premises and do not apply generally to other building, structures or land in the vicinity.
2.	That the granting of the application is necessary for the preservation and enjoyment of a property right and not merely to serve as a convenience to the applicant.
3.	Granting the variance requested will not confer upon the property of the applicant any special privileges that are denied to other properties of the district in which the applicant's property is located.
4.	That the condition from which relief or a variance is sought did not result from willful action by the applicant.
5.	The variance requested is the minimum variance that will make possible the legal use of the land, building or structure.
6.	The variance is not a request to permit a use of land, buildings or structures which is not permitted by right in the district involved.
7.	That the authorizing of the variance will not impair an adequate supply of light and air to adjacent property or unreasonably increase the congestion in public streets, increase the danger of fire, imperil the public safety, unreasonably diminish or impair established property values within the surrounding area or in any other respect impair the health, safety, comfort, morals or general welfare of the inhabitants of the City.



City of Holly Springs

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

Affidavit of Compliance with O.C.G.A. 50-36-1 "Verification of Lawful Presence within the United States."

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant's lawful presence in the United States. Therefore, the applicant must answer the following questions: The applicant is a U. S. citizen or legal permanent resident at least eighteen (18) years old. ___YES NO or IF NOT: The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. A photo static copy of the applicant's alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.* O.C.G.A. 50-36-1 states that "Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20." I declare, under penalty of law, that this affidavit has been completed by me and is true and correct. Signature Date Title Legal Company Name

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that ______ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

SUBSCRIBED AND SWORN BEFORE ME ON THIS
_______, 201___
AFFIX SEAL
Notary Public

Company Address

*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.