

City of Manchester

P. O. BOX 366

MANCHESTER, GEORGIA 31816

(706) 846-3141 OR (706) 846-3142

APPLICATION FOR VARIANCE

NAME OF APPLICANT: _____

NAME OF LAND OWNER: _____

BLOCK # _____ Lot # _____

MAP # _____ PARCEL # _____

REASON FOR REQUEST: _____

ZONING DISTRICT: _____

COMPATIBILITY OF PROPOSED USE WITH OTHER LAND USE IN GENERAL AREA: _____

*****DO NOT WRITE BELOW THIS LINE*****

RECOMENDATION OF ZONING ADMINISTRATOR: _____

RECOMMENDATION OF PLANING AND ZONING BOARD: _____

DECISION OF CITY COUNCIL: _____

DATE: _____

SIGNATURE OF MAYOR OR AUTHORIZED PERSON: _____

DATE: _____