



# CITY OF NEWNAN, GEORGIA

25 LaGrange Street  
Newnan, Georgia 30263  
770-254-2354

## **APPLICATION FOR APPEAL OF ZONING ADMINISTRATOR'S DECISION-\$250.00 Filing Fee**

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Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Property Owner (Use back if multiple names) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Address/Location of Property \_\_\_\_\_

Tax Parcel No.: \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

Present Land Use \_\_\_\_\_

Intended Use \_\_\_\_\_

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Any person feeling that they have been aggrieved by an officer, department, board or agency of the City may file an application for a hearing before the Board of Zoning Appeals.

If you have any questions concerning this process, you may call the Planning and Zoning Department at (770) 254-2354. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. The Board of Zoning Appeals meets on the first Tuesday of each month. Applications must be submitted by 9:00 a.m. at least forty-five (45) days prior to that date. Incomplete applications or applications submitted after the deadline will not be accepted.

In order for the Board to consider the request, it must be claimed that the interpretation of a certain section of the Zoning Ordinance has been made by the Zoning Administrator in error. Please answer the following criteria questions:

1. List the section(s) of the Zoning Ordinance that are being addressed in the appeal?

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\_\_\_\_\_  
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2. What is the error that is being made that has caused the applicant to feel aggrieved?

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\_\_\_\_\_

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The Board of Zoning Appeals shall hold a public hearing which shall be advertised and posted in a manner consistent with the Zoning Procedures Act as well as decide the appeal and file with the Zoning Administrator its findings of fact and conclusions with the respect to the appeal. In exercising its powers, the BZA may reverse or affirm, wholly or partly, or may modify the decision appealed from. The concurring vote of a majority of BZA members shall be necessary to reverse a decision.

Included with the application, the following information is required:

- ✓ Check for applicable fees (**\$250.00**).

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I (We) do hereby certify the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand any inaccuracies may be considered just cause for invalidation of this application, and any action taken on this application. I (We) do hereby understand a variance of any requirement does not exempt the development from any other requirements of the Zoning Ordinance, Subdivision Regulations, or other City or State Regulations.

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Signature of Property Owner(s)

**FOR OFFICIAL USE ONLY**

RECEIVED BY \_\_\_\_\_

DATE OF FILING \_\_\_\_\_

BZA MEETING DATE \_\_\_\_\_

DATE OF NOTICE PUBLICATION \_\_\_\_\_

ACTION TAKEN (DATE) \_\_\_\_\_

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