



**NEWNAN**  
GEORGIA

# CITY OF NEWNAN, GEORGIA

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

## APPLICATION FOR SIGN VARIANCE

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 \_\_\_\_\_

Any person owning property or having a possessory or contract interest in property and the consent of the owner, may file an application for sign variance in regard to such property with the Board.

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.

I (We) hereby request the following variance from the provisions of section(s) \_\_\_\_\_ of Article 8 in the Sign Regulations in regards to: \_\_\_\_\_.

In order for the Board to consider the request, it must be claimed that the "application of the Ordinance to the particular piece of property would create an unnecessary hardship". Please answer the following criteria questions:

1. What are the particular provisions or requirements of the sign regulations that prevent the compliance of the regulations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the existing zoning of the property, including any previously approved modifications, conditions, or proffers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are the special conditions, circumstances or characteristics of the land, building or structure that prevent the use of the current sign regulations in compliance with the requirements of the Ordinance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the particular hardship that would result if the specified provisions or requirements of the Ordinance were to be applied to the subject property?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the minimum extent to which it would be necessary to vary the requirements of the Ordinance in order to permit the proposed construction of the sign?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Board of Zoning Appeals shall base its required findings upon the particular evidence presented in each specific case where the property owner can demonstrate:

- Where the proximity of existing signs on adjoining lots causes the subject property to be ineligible, due to spacing requirements, for a sign of the type sought; or
- Where visibility of a conforming sign from the public street and within fifty (50) feet of the proposed sign would be substantially impaired by existing trees, plants, natural features, signs, buildings or structures on a different lot; and
- Placement of the sign elsewhere on the lot would not remedy the visual obstruction; and
- Such visibility obstruction was not created by the owner of the subject property; and
- The variance proposed would not create a safety hazard to traffic.

Variances shall be limited to the minimum relief necessary to overcome the hardship. No variance shall be granted to allow a greater number of signs, or greater size of sign, than would be allowed if the hardship did not exist.

It is the responsibility of the applicant to explain how the requested variance conforms to the applicable findings and standards.

Included with the application, the following information is required and must also be furnished in digital, pdf format:

- ✓ Plat of property, illustrating existing development and requested variance.
- ✓ Plans or drawings necessary to illustrate the requested variance.
- ✓ Check for applicable fees (**\$350.00**)
- ✓ Legal description of property.
- ✓ List of all the names and addresses of all property owners within 250 feet of subject property. This information can be found at the Coweta County Tax Assessors Office.

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 exempt the development from any other requirements of the Zoning Ordinance, Subdivision Regulations, or other City or State Regulations.

\_\_\_\_\_  
Applicant(s) Name(s) (Please Print)

\_\_\_\_\_  
Signature of Applicant(s)

**FOR OFFICIAL USE ONLY**

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

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

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

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

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

\_\_\_\_\_



City of Newnan, Georgia

Attachment A

# Property Owner's Authorization

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The undersigned below, or as attached, is the owner of the property which is the subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of a variance for property.

Name of Property Owner \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address of Subject Property \_\_\_\_\_  
\_\_\_\_\_

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Coweta County, Georgia.

\_\_\_\_\_  
Signature of Property Owner

Personally appeared before me

\_\_\_\_\_

who swears the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

*(Affix Raised Seal Here)*

\_\_\_\_\_  
Date



City of Newnan, Georgia  
Attachment B  
**Attorney's Authorization**

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**Note:** *If an attorney-at-law has prepared this application, please fill out the information below:*

I swear as an attorney-at-law, I have been authorized by the owner(s) to file the attached application for a variance of property.

\_\_\_\_\_  
(Signature of Attorney)

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_