



Planning and Development
4385 Pecan Street
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
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ADMINISTRATIVE VARIANCE REQUEST

Permit: # _____ **Date:** _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby apply for the following administrative variance(s).

- Front yard setback _____ ft.
- Rear yard setback _____ ft.
- Left yard setback _____ ft.
- Right yard setback _____ ft.
- Height of building _____ ft.
- Distance between building _____ ft.
- Parking spaces _____ ea.
- Buffer Reduction _____ ft.

Property Address of Variance: _____

Subdivision/Site: _____

City: _____ State: _____ Zip: _____

Variance(s) is/are granted under section 119-33 of Loganville Zoning Ordinance.

Director, Planning & Development

Date: _____

Fee: _____

Check:# _____

Cash: _____