



CITY OF LOGANVILLE
 Department of Planning & Development
 P.O. Box 39 • 4385 Pecan Street
 Loganville, GA 30052
 770.466.2633 • 770.466.3240 • Fax 770.554.5556

Administrative Variance Request

Permit: # _____

Date: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Front yard setback _____ ft. | <input type="checkbox"/> Rear yard setback _____ ft. |
| <input type="checkbox"/> Left yard setback _____ ft. | <input type="checkbox"/> Right yard setback _____ ft. |
| <input type="checkbox"/> Height of building _____ ft. | <input type="checkbox"/> Distance between building _____ ft. |
| <input type="checkbox"/> Parking spaces _____ ft. | <input type="checkbox"/> Buffer Reduction _____ ft. |
| <input type="checkbox"/> Sign Area _____ ft | <input type="checkbox"/> Sign Height _____ ft |

Variance Address: _____

Subdivision/Site: _____

City: _____ State: _____ Zip: _____

Variance(s) is granted under section 12.6 of Loganville Zoning Ordinance.

 M. P. Chapman
 Director, Planning & Development

Date: _____

Fee: _____

Check # _____

Cash: _____