



City of Springfield, GA
Application for Variance or Conditional Use

Applicant Name: _____

Applicant Mailing Address: _____

Phone Number: _____ Email Address: _____

Street Address of Property: _____

Describe the requested variance or conditional use: _____

_____ (continue on back of page if needed)

Explain why the variance or conditional use is requested: _____

_____ (continue on back of page if needed)

Applicants Signature

Date

The Zoning Official or City Clerk will review this application and confirm if variance or conditional use is required for requested use. If required, the applicant will initial below, acknowledging the public hearing dates and process needed for approval. Fee will be required at this time.

To be completed by Zoning Official:

Parcel ID: _____ Current Zoning: _____

Code Section Affected: _____

Planning & Zoning Public Hearing Date: _____

City Council Public Hearing Date: _____ Applicant Initial: _____

Planning and Zoning Recommendation: _____

Zoning Official: _____

To be completed by City Clerk:

Payment Received: _____ Amount: _____ () Cash () Check # _____ () Card

City Council Decision: _____

City Clerk: _____ City Manager: _____