Forsyth County Department of Planning & Community Development
110 E. Main Street, Suite 100 | Cumming, Georgia 30040 | (770) 781-2115 | forsythco.com

APPEALS OF ZONING BOARD OF APPEALS DECISION APPLICATION

Appeals of decisions made by the Zoning Board of Appeals may be taken by any person aggrieved by any decision . Appeals of ZBA decisions shall be made within ten (10) days of the date of the decision or action being appealed. The Board of Commissioners shall confine the evidence to matters related to the issue set forth in the minutes of the Zoning Board of Appeals and the petition for review.

A. APPLICANT INFORMATION (REQUIRED FOR **All** APPLICANT**S**):

Applicant Status: ☐ Owner ☐ Authorized Agent

Name:

Address:

E-mail Address:

B. ATTORNEY REPRESENTATION INFORMATION (IF APPLICABLE):

Preferred Contact: ☐ Applicant ☐ Attorney

Name:

Address:

Phone#: E-mail Address:

C. PROPERTY INFORMATION (REQUIRED FOR **All** APPLICANTS):

Tax Map & Parcel #(s): (e.g. xxx-xxx, xxx-xxx)

Zoning: Affected Applications: (e.g. ZAXXXX, SP08XXXX, etc.)

Subdivision Name: Lot # (s): (e.g. 1, 3, 5-7)

Property Address:

D. REQUEST AN APPEAL OF A DECISION (REQUIRED FOR **All** APPLICANTS):

What is the Zoning Board of Appeal's (ZBA) application #

What was the date of the ZBA decision that is now subject of this appeal?

Complete the following by providing as much information as possible. Attach additional sheets only if additional space is necessary. A site plan is optional and should only be submitted if said site plan graphically helps to present the facts.

1) Briefly explain the decision being appealed. Clearly and concisely explain the reasons why the Board of Commissioners should review the ZBA decision. The description must include any error, procedural or substantive, allegedly committed by the Zoning Board of Appeals.

E. PROPERTY OWNER AUTHORIZATION AFFIDAVIT (REQUIRED FOR ALL APPLICANTS): ADD ADDITIONAL SHEETS IF APPLICABLE.

Notice to Applicant. This application must be signed by the owner(s) as listed on the deed of record for the subject property. owner or authorized agent (i.e. applicant or representing attorney) may speak on behalf of this application at the public hearing. The undersigned hereby swear that he/she/they is/are the owner(s) of the subject property as identified on this application.

I /We hereby authorize the authorized agent or attorney listed on the front of this application to speak and act on behalf of the appeal I/We realize that any action granted for this property will be binding on the property regardless of ownership.

Owner Name: _____

Address: _____

Bus. Phone#: _____ E-mail: _____

Notary Stamp

Signature of Owner: _____ Date: _____

Signature of Notary: _____ Date: _____

F. APPLICANT CERTIFICATION (REQUIRED FOR All APPLICANTS): PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS.

_____ 1) I hereby request the action contained within this application relative to the property associated with the VA# referenced above and further request that this item be placed on the Board of Commissioners (BOC) agenda for consideration of a public hearing.

_____ 2) I understand that my request will be rejected if all the necessary information and/or requirements are not presented.

_____ 3) I understand that I have an obligation to present all necessary information required by the Unified Development Code to enable the Board of Commissioners to make an informed determination on my request.

_____ 4) I understand that my request **may** be acted upon at the BOC public hearing and that I am required to be present or to be represented by the authorized representative as indicated on this application, so that someone is available to present all facts and answer questions. I understand that failure to appear at a public hearing may result in the postponement or denial of my request. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Forsyth County.

_____ 5) I understand that the Board of Commissioners shall receive either oral or written evidence from the petitioner, the applicant before the Zoning Board of Appeals and from property owners and parties of record at the time the Zoning Board of Appeals considered the matter.

STAFF USE ONLY: At the time the Zoning Board of Appeals considered the matter.

The petitioner: _____

The applicant: _____

Property owners: _____

Parties of record: _____

_____

G. APPLICANT WITHDRAWAL (ONLY SIGN IF OFFICIALLY WITHDRAWING APPLICATION REQUEST):

Signature of Applicant: _____ Date: _____