



TOWN OF BRASELTON
MODIFICATION OF STANDARDS
(Overlay Districts and/or Article X Architectural and Landscaping Standards)
APPLICATION CHECKLIST

1. GENERAL INFORMATION

An applicant seeking modification from the architectural guidelines and landscaping standards set forth in the Town of Braselton Development Code must complete this application and appear before the Braselton Zoning Board of Appeals. The Zoning Board of Appeals will hold a public hearing on the request from thirty (30) to sixty (60) days after the Town's receipt of such application. The applicant must be present at the hearing.

2. APPLICATION FORM

Complete all sections of the application form. The application **MUST** be signed by both the applicant and the owner.

3. APPLICATIONS FEES

The application fee is \$400.00. Please make checks payable to **TOWN OF BRASELTON**. The application fee is non-refundable.

4. LEGAL DESCRIPTION

A legal description is required on an 8 ½" x 11" sheet.

5. SITE PLAN AND/OR BOUNDARY SURVEY

An 8 ½" x 11" reduction is required in addition to the full size plan showing specific information such as Buffers, Setbacks, Building Locations, curb cuts etc. (if applicable).

6. ARCHITECTURAL ELEVATIONS

Submit plans as necessary to support your request.

7. DOCUMENTATION

Any and all information related to the application which you believe may be helpful to the Board of Appeals to render a decision should be submitted along with the application.

8. No Application will be accepted for processing unless the application is complete and all necessary plans are included with the application.



MODIFICATION OF STANDARDS
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APPLICATION FORM

Please complete this application and submit with all necessary attachments (please type or print):

1. APPLICANT INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Phone: _____

Fax: _____

2. OWNER INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Phone: _____

Fax: _____

3. CONTACT PERSON: _____

4. ADDRESS OF PROPERTY: _____

5. TAX MAP PARCEL ID (available through the applicable County): _____

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6. SUBDIVISION OR PROJECT NAME (IF APPLICABLE): _____

7. ZONING: _____

8. CITE APPLICABLE SECTIONS OF CODE SEEKING MODIFICATION:

9. EXPLAIN THE NEED FOR A MODIFICATION:

10. APPLICANT CERTIFICATION

The undersigned below is authorized to make this application. The undersigned is aware that no application or re-application affecting the same land shall be submitted within six (6) months from the date of the last action by the Zoning Board of Appeals unless waived by the Zoning Board of Appeals.

Signature of Applicant

Date

Typed or Printed Name and Title

Signature of Notary Public

Date

Notary Seal

11. PROPERTY OWNER CERTIFICATION

The undersigned below is the current owner of record for the property considered in this application. The undersigned is aware that no application or re-application affecting the same land shall be submitted within six (6) months from the date of the last action by the Board of Appeals unless waived by the Zoning Board of Appeals.

Signature of Applicant

Date

Typed or Printed Name and Title

Signature of Notary Public

Date

Notary Seal

TOWN OF BRASELTON USE ONLY

Case Number: _____

Receipt Number: _____

Amount of Fee: _____