

APPLICATION FOR VARIANCE
TO THE CITY OF SMYRNA

Type or Print Clearly

(To be completed by City)

Ward: _____

Application No: _____

Hearing Date: _____

APPLICANT: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

Representative's Name (print): _____

Address: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Signature of Representative: _____

TITLEHOLDER: Jim & Darlene Martin

Business Phone: _____ Cell Phone: 770-265-0623 Home Phone: _____

Address: 1272 KINGSVIEW CIR SE SMYRNA, GA 30080

Signature: [Signature] [Signature]

VARIANCE: _____

Present Zoning: _____ Type of Variance: _____

Explain Intended Use: _____

Location: _____

Land Lot(s): _____ District: _____ Size of Tract: _____ Acres

(To be completed by City)

Received: _____

Posted: _____

Approved/Denied: _____