



Administrative Application for Oversized Accessory Buildings

Douglas County Board of Commissioners
Douglas County, Georgia

Date of Application: _____ Application #: _____

Address of Property:

Land Lot: _____ District: _____ Section: _____ Parcel: _____

Owner of Property: _____

Mailing Address:

Telephone Number (Daytime): _____

Applicant: _____

Mailing Address:

Telephone Number (Daytime): _____

Email address: _____

ITEMS WHICH MUST ACCOMPANY APPLICATION

- A. **Owner's Signature or Affidavit** – If the owner and applicant are not the same, the owner must sign the application or complete attached affidavit.
- B. **Plat** – A copy of a plat, drawn by a licensed engineer or surveyor.
- C. **Warranty Deed** – A copy of the recorded warranty deed to the property must accompany each application.
- D. **Proof of Taxes Paid** – Proof that all ad valorem taxes due on the property have been paid must accompany each application.

I have read and understand the attached application and zoning procedures. I also hereby authorize the Planning staff to inspect the premises which are the subject of this application.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____

AFFIDAVIT

Authorization by Property Owner

I swear that I am the owner of the property that is the subject matter of the attached application, as it is shown in the records of Douglas County, Georgia.

I authorize the persons named below to act as applicant in the pursuit of the obtaining the Administrative Variance for this property.

Name of Applicant: _____

Address:

Telephone Number: _____

Owner (Printed Name)

Signature of Owner

Date

Personally Appeared Before Me:

Who swears that the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

Notary Public

Date

