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
Please provide the following information:

Zoning classification of the subject site (check only one):

_______ AG (Agricultural)—Eligible for a maximum of 500 SF increase

_______ R-A (Residential-Agricultural)—Eligible for a maximum of 500 SF increase

_______ R-LD (Residential-Low Density)—Eligible for a maximum 250 SF increase

Acreage of the subject site as per the attached survey or plat: ________ (in acres and only applies to properties with a minimum of 1.0 acres up to a maximum of 5.0 acres).

I, the undersigned below, understand fully that the granting of this administrative approval of an increase in building size also requires that all setbacks are met and that any portion of the subject building visible from the right-of-way must have a façade matching the façade of the home on site per the Douglas County Unified Development Code, Article 3, Section 313. Failure to comply may result in the revocation of this approval and/or failure of building inspections.

Printed Name __________________________ Signature __________________________ Date ____________

Department Use Only

Recommended Increase in Size (SF) __________________________

Total Building Size (SF) __________________________

Signature—Planning and Zoning Director

Date ____________

Recommended Increase in Size (SF) __________________________

Total Building Size (SF) __________________________

Signature—Development Services Director

Date ____________