



5515 Abercorn St, Savannah, GA, 31405  
 P.O. Box 1027, Savannah, GA, 31402-1027  
 Phone: 912.651.6530 / TDD: 912.651.6702  
 Fax: 912.651.6543 / [www.savannahga.gov](http://www.savannahga.gov)



## Zoning Board of Appeals Application



110 E State St, Savannah, GA, 31401  
 P.O. Box 8246, Savannah, GA, 31412-8246  
 Phone: 912.651.1440 / Fax: 912.651.1480  
[www.thempc.org](http://www.thempc.org)

All information must be completed in full before this application will be processed and scheduled for a Zoning Board of Appeals (ZBA) hearing. Additional instructions and information regarding the appeals process are attached. **SUBMIT 1 COMPLETED ORIGINAL APPLICATION FORM AND 1 COPY TO THE CITY'S DEVELOPMENT SERVICES.** Applicants are required to contact the Secretary to the ZBA at the MPC prior to submitting an application. Call Thomas Trawick, Secretary to the ZBA, at 912.651.1464.

### I. Subject Property

Street Address: \_\_\_\_\_

Property Identification Number(s) (PIN): \_\_\_\_\_

Zoning District(s): \_\_\_\_\_

### II. Reason for Application (Check all that apply)

- To **appeal** an order, requirement, decision or determination of the Zoning Administrator, or any decision of the Historic District Board of Review (HDBR), or any decision of the Metropolitan Planning Commission (MPC) when an error is alleged, Section 8-3163(a). You must attach a copy of the written decision or determination that you are appealing. An appeal must be filed no later than **30 days** after the determination was rendered by the Zoning Administrator or decision made by the HDBR or the MPC. The appeal must be filed with both MPC and the Zoning Administrator. Provide the decision and specifics of why you believe the decision or determination is in error.
- To establish a **special use**, Sec. 8-3163(b): Sec. # \_\_\_\_\_ Use # \_\_\_\_\_  
 Note: If submitting a special use for short-term vacation rentals, the City has instituted a 20% per-ward cap for properties in the Historic [Sec. 8-3025(a): Conservation and Residential] and Victorian [Sec. 8-3028: 1-R, 2-R and 3-R] Districts. See Instructions for more information.
- To request a **variance**, Sec. 8-3163(c). Refer to Page 5 for plot plan criteria and explain specifics of request. Example: "To request a 5 foot reduction of the 25 foot rear yard setback".
- To request an **extension or expansion of a nonconforming use**, Sec. 8-3163(d).
- To request an **extension** of a Zoning Board of Appeals approval. Date \_\_\_\_\_ Plan # \_\_\_\_\_

**Is this request related to another review, such as a Certificate of Appropriateness (COA), Subdivision, and Site Permit (General Development Plan), Business Location Approval or a Zoning Amendment? If so, please provide the Plan/Permit # \_\_\_\_\_ and associated Staff Report/Decision. Provide a description or specifics of request below or attach it to application:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Property Owner Information**

Name(s): \_\_\_\_\_

Registered Agent: \_\_\_\_\_  
(Or Officer or Authorized Signatory, if Property Owner is not an individual. Provide GA Annual Registration.)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**IV. Petitioner Information, if different from Property Owner (Note: If the property owner(s) will have an agent serve on his or her behalf, the owner(s) must complete the attached Letter of Authorization. If the agent changes after submitting the application and the agent is not the property owner, a new authorization form will be required.)**

Name(s): \_\_\_\_\_

Registered Agent: \_\_\_\_\_  
(Or Officer or Authorized Signatory, if Property Owner is not an individual. Provide GA Annual Registration.)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**V. Agent, if different from Petitioner or Property Owner (Note: A signed, notarized statement of authorization from the property owner is required and must be attached if this section applies. If the agent changes after submitting the application and the agent is not the property owner, a new authorization form will be required.)**

Name(s): \_\_\_\_\_

Firm or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**VI. Fee The application fee is based on the type of use for which relief is requested. Make check payable to City of Savannah.**

Residential: \$120.00  Non-residential: \$350.00

**VII. Certification**

By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures, and that this application is a complete application submittal. I further understand than an incomplete application submittal may cause my application to be deferred to the next posted deadline date.

Applicant Name: \_\_\_\_\_  
Print Signature Date

**Letter of Authorization**

As fee simple owner of the subject property that is identified as Property Identification Number(s) (PIN) \_\_\_\_\_, I (we) authorize \_\_\_\_\_ (Agent Name) of \_\_\_\_\_ (Firm or Agency, if applicable) to serve as agent on my (our) behalf for the purpose of making and executing this application for the proposed request. I (we) understand that any representations(s) made on my (our) behalf, by my (our) authorized representative, shall be legally binding upon the subject property.

**Property Owner(s)**

Name(s): \_\_\_\_\_

Registered Agent: \_\_\_\_\_  
(Or Officer or Authorized Signatory, if Property owner is not an individual)

\_\_\_\_\_  
Signature(s) Date

**Witness Signature Certificate**

State of Georgia

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_  
Date

by \_\_\_\_\_  
(Printed name(s) of individual(s) signing document)

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_ Personally Known or \_\_\_\_ Produced Identification Type of ID \_\_\_\_\_

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
(Name of notary, typed, stamped or printed)  
Notary Public State of Georgia

My commission expires: \_\_\_\_\_

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# **RETAIN THIS PAGE**

## **Instructions**

1. Applicants are required to contact the Secretary to the ZBA at the MPC, 110 E State St, prior to submitting an application. Call Thomas Trawick, Secretary to the ZBA and Planner, at 912.651.1464.
2. If submitting for a special use for short-term vacation rentals, the City has instituted a 20% per-ward cap for properties in the Historic [Sec. 8-3025(a): Conservation and Residential] and Victorian [Sec. 8-3028: 1-R, 2-R and 3-R] Districts. Prior to processing the application for ZBA consideration, the Short-Term Vacation Rental (STVR) Application has to be submitted to the City of Savannah and the per-ward cap has to not yet been met. Please consult the [Ward Map](http://www.savannahga.gov/DocumentCenter/View/10683) (<http://www.savannahga.gov/DocumentCenter/View/10683>) to determine your ward and [STVR Regulation Updates](http://www.savannahga.gov/index.aspx?nid=2403) (<http://www.savannahga.gov/index.aspx?nid=2403>) on the per-ward cap. Contact Tourism Management at 912.525.1500 with any questions.
3. If submitting for a special use within the PUD-IS, PUD-IS-B, PUD-R, PUD-M, PUD-LU, and PUD-MXU Zoning Districts, the ZBA cannot review the request as those are reviewed by the Planning Commission and the Mayor and Aldermen. A special use within these districts require a Rezoning (Map Amendment) or PUD Special Use Application.
4. The application form must be completed (including appropriate fee) and must include all required supplemental materials before it will be processed and scheduled for a hearing. Two (2) copies of the completed application and supporting documents must be provided. If the property has been purchased within the past twelve (12) months, please provide the Deed.
5. A plot plan must be provided when a dimensional variance or use permit is requested. Plot plan criteria are listed below.
6. Supporting documents, such as the written decision that is being appealed (and specifics on why the decision is in error), or the associated COA Staff Report/Decision, Subdivision Staff Report/Decision, Site Permit Staff Report, and Zoning Amendment Decision must be provided. If Property Owner/Petitioner is not an individual, provide GA Annual Registration.
7. **A total of two (2) copies of the completed application and all supporting documents MUST be provided.**
8. Applications must be submitted to the City of Savannah Development Services, 5515 Abercorn St, Savannah, GA, 31405.
9. Scheduled ZBA meeting dates, including application submission dates, are attached.

## **Zoning Board of Appeals Process (After the Application is Submitted)**

1. Once an application submittal is determined by the Secretary to the ZBA to be complete, it will be scheduled for the next posted ZBA hearing date.
2. The petitioner must obtain a sign(s) announcing the petition from the City of Savannah Development Services and erect the sign(s) on each street frontage of the subject property at least **15 DAYS PRIOR TO THE ZBA MEETING**. The sign(s) must be posted no more than five (5) feet from the property line. If the property does not abut a public right-of-way, at least one (1) sign shall be placed on the property at the access point and additional sign(s) shall be placed on the nearest public right-of-way.
3. If the signs are not erected in a timely manner, the petition will be rescheduled to the next scheduled ZBA meeting. The signs shall remain in place until a ZBA decision is made. Changes to signs shall be made by the applicant to reflect the correct dates and any other changing information involving a petition that has been postponed or continued at least ten (10) days prior to the revised public meeting or hearing date. The petitioner shall remove the signs within 10 days of the decision.
4. The ZBA agenda, which includes the staff report, will be posted on [www.thempc.org](http://www.thempc.org) no later than the Friday before the scheduled meeting.
5. The ZBA hearing will be held in the Arthur A. Mendonsa Hearing Room at the MPC, 112 E State St doorway.
6. An overhead projector and computer are available for use. The overhead projector can display all paper items (e.g., photographs, maps, site plans). PowerPoint presentations must be provided to the Secretary to the ZBA at least **two days** prior to the hearing. A copy of any materials used to support your petition must be submitted for the record at the time of the hearing.
7. A request to continue a petition that occurs after legal notice of the petition is published can be continued **only by the ZBA**; however, the ZBA may or may not grant the request.
8. A written notice of the ZBA Decision will be prepared and mailed or emailed to the property owner or agent after the meeting.
9. Development Services will issue permits and approvals upon receipt of the ZBA Decision.

## **Plot Plan Criteria** (If you are applying for a dimensional variance or special use approval, a plot plan of the subject property must be submitted with this application. The plot plan must include the following information:)

- North arrow and scale
- Street name(s)
- Dimensions of lot(s)
- Existing and proposed structures on lot (identify each structure - e.g., house, shed, pool)
- Dimensions between all structures and property lines and/or fences
- Location and dimensions of and proposed construction
- Types of fence (for example, chain link, wood, masonry, etc.)
- Proposed landscaping
- Project status (proposed or existing)

## **Contacts**

- Zoning Administrator: City of Savannah Development Services, 5515 Abercorn St, Savannah, GA, 31405 ~ P.O. Box 1027, Savannah, GA, 31402 (Phone: 912.651.6530)
- Secretary to the ZBA: The MPC, 110 E State St, Savannah, GA, 31401 ~ P.O. Box 8246, Savannah, GA, 31412 (Phone: 912.651.1440)

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**2018 Application Submittal Deadline for  
Zoning Board of Appeals Meeting Dates**

<b>Application Submittal Deadline</b>	<b>Meeting Date</b>
<i>(Application submittal deadline are on Fridays unless otherwise noted)</i> <b>Submittal Due:</b> 5:00 p.m. <b>Submittal Location:</b> 5515 Abercorn St, Savannah, GA, 31405, City of Savannah Development Services	<i>(All meetings are scheduled for the fourth Thursday unless otherwise noted)</i> <b>Meeting Time:</b> 10:00 a.m. <b>Meeting Location:</b> 112 E State St, Savannah, GA, 31401, Arthur A. Mendonsa Hearing Room at the MPC
DEC 22	JAN 25
JAN 26	FEB 22
FEB 23	MAR 22
MAR 23	APR 26
APR 27	MAY 24
MAY 25	JUN 28
JUN 29	JUL 26
JUL 27	AUG 23
AUG 24	SEP 27
SEP 28	OCT 25
OCT 26	<b>NOV 29*</b>
<b>NOV 20**</b>	<b>DEC 20***</b>
<b>DEC 21****</b>	<b>JAN (TBA)</b>

- \* Meeting on 5<sup>th</sup> Thursday due to Thanksgiving Holiday
- \*\* Deadline on 3<sup>rd</sup> Tuesday due to Thanksgiving, Christmas, and New Year Holidays
- \*\*\* Meeting on 3<sup>rd</sup> Thursday due to Christmas and New Year Holidays
- \*\*\*\* Deadline on 3<sup>rd</sup> Friday due to Christmas and New Year Holidays