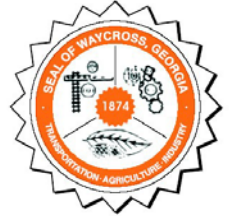


# BOARD OF ZONING APPEALS ADMINISTRATIVE REVIEW

CITY OF WAYCROSS, GEORGIA  
Department of Community Improvement  
(912) 287-2944, Office / (912) 287-2948, Facsimile  
[www.waycrossga.com](http://www.waycrossga.com)



**INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA**  
(Note: An incomplete application may delay the approval process.)

APPLICANT: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ZONING ORDINANCE SECTION: \_\_\_\_\_

NATURE OF REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE APPLICANT MUST SUBMIT THE APPLICATION FEE (\$30.00 PER REQUEST) ALONG WITH THIS REQUEST.

THE BOARD OF ZONING APPEALS DIRECTOR WILL SEND YOU A NOTIFICATION OF THE DATE, TIME AND LOCATION OF THE MEETING. A PUBLIC NOTICE WILL BE ADVERTISED IN THE LEGAL SECTION OF THE LOCAL NEWSPAPER GIVING THE DATE AND TIME OF THE PUBLIC HEARING TO BE HELD BY THE BOARD OF ZONING APPEALS. NO OTHER NOTICE WILL BE SENT TO YOU REGARDING THE PUBLIC HEARING. FOR MORE INFORMATION, YOU MAY CONTACT THE DEPARTMENT OF COMMUNITY IMPROVEMENT AT (912) 287-2944.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

***FOR OFFICE USE ONLY***

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$ 30.00 Check #: \_\_\_\_\_ Cash Receipt: \_\_\_\_\_

AFTER COMPLETION, MAKE ONE COPY FOR THE APPLICANT AND ONE COPY FOR BOARD OF ZONING APPEALS. ORIGINAL STAYS IN FILE.