



**VARIANCE APPLICATION**  
 153 Willowbend Rd, Peachtree City, GA 30269  
 Phone: 770-487-5731  
 WWW.PEACHTREE-CITY.ORG

**Variance Fee: \$300.00 + \$100**  
**for each additional request**

<b>VARIANCE LOCATION</b>	Street Address <u>319 Sandalin Ln</u> <u>Peachtree City GA 30269</u>	<b>PROPERTY OWNER</b>	Name <u>Rodney &amp; Annette Strong</u>
	Zoning District: <u>R-15</u>		Phone [REDACTED] Email [REDACTED]
<b>APPLICANT</b>	Name <u>Annette Strong</u>	<b>SUPPORTING DOCUMENTS</b>	<p><b>Please submit the following items in support of the requested variances. See the second page of this form for additional details.</b></p> <input type="checkbox"/> Site plan (with property lines and proposed work) <input type="checkbox"/> A detailed report responding to the criteria listed on the back of this form <input type="checkbox"/> Letters of support from adjacent property owners and/or HOA <input type="checkbox"/> Other items demonstrating need
	Address <u>319 Sandalin Ln</u> City, State, Zip <u>Peachtree City GA 30269</u> Phone # [REDACTED] Email [REDACTED]		
<b>VARIANCE CATEGORY</b>	<input type="checkbox"/> Zoning Section: _____ <input type="checkbox"/> Sign Sec.: _____ <input type="checkbox"/> Land Development Sec.: _____	<b>SUMMARY</b>	Briefly describe why this variance is being requested: <u>Rebuilding deck that encroaches 18" + 0 rear setback by 1ft 2inch</u>

**I hereby certify that I am the owner of the property on which a variance is being requested and that all information provided as a part of this application is true and correct to the best of my knowledge. By signing this application, I am granting City staff permission to enter the property and gather information required for the variance review.**

Signature of Owner/Agent: \_\_\_\_\_

*[Handwritten Signature]*

Date 8-11-2023