



## APPLICATION FOR WAIVER

P.O. Box 300 700 Hwy 293 Emerson, GA 30137  
Phone (770) 382-9819

Name of Subject Property Owner(s): \_\_\_\_\_

Name of Applicant if different from Property Owner: \_\_\_\_\_

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

Telephone: (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

(EMAIL) \_\_\_\_\_

Address/Location of Property: \_\_\_\_\_

Development Regulation:

Waiver Requested:

Attach additional information as necessary to justify your request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

-----DO NOT WRITE BELOW LINE-----

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Recommendation: Recommended \_\_\_\_ Not Recommended \_\_\_\_

Council Consideration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved – As Presented \_\_\_\_

Approved With Conditions \_\_\_\_

Not Approved \_\_\_\_