

ATTACHMENT A - VARIANCE APPLICATION

Application Date: _____

Applicant/Agent: DENNY CHAPMAN

Applicant Email Address: Chapmansinc@gmail.com

Phone # 912.659.7982

Applicant Mailing Address: 2797 GA Hwy 119N ELLABELL, GA. 31308

City: ELLABELL State: GA Zip Code: 31308

Property Owner, if different from above: _____

Include Signed & Notarized Authorization of Property Owner

Owner's Email Address (if known): _____

Phone # _____

Owner's Mailing Address: 2797 GA Hwy 119 N

City: ELLABELL State: GA Zip Code: 31326

Property Location: 641 HALF MOON RD

Name of Development/Subdivision: HALF MOON LANDING

Present Zoning of Property AR1 Tax Map-Parcel # 459E-4 Total Acres .228

VARIANCE REQUESTED (provide relevant section of code): _____

Describe why variance is needed: SET BACKS

How does request meet criteria of Section 7.1.8 (see Attachment C): _____

Applicant Signature: Denny Chapman Date 9.28.23

459E-4 641 HALF MOON ROAD



