## **ATTACHMENT A - VARIANCE APPLICATION**

Application Date: $\frac{6/20/23}{}$
Applicant/Agent: <u>Betty J. New</u> Applicant Email Address: <u>102 Willowgeg Rd. Rincox</u> , <u>Ya 31326</u>
Phone # 912.665.6201
Applicant Mailing Address:
City: State: Zip Code:
Property Owner, if different from above:
Owner's Email Address (if known):
Phone #
Owner's Mailing Address:
City: State: Zip Code:
Property Location: 202 Treene Dr. Rincon, Ja.
Name of Development/Subdivision: Westwood Sub.
Present Zoning of Property AR-L Tax Map-Parcel #465H - 42B Total Acres
VARIANCE REQUESTED (provide relevant section of code):
Describe why variance is needed: **Clessary Structure**
(does not meet prop required w'setback
from house)
How does request meet criteria of Section 7.1.8 (see Attachment C):
Slab has already been poured
Applicant Signature: Bitty 7. New Date 6/20/23



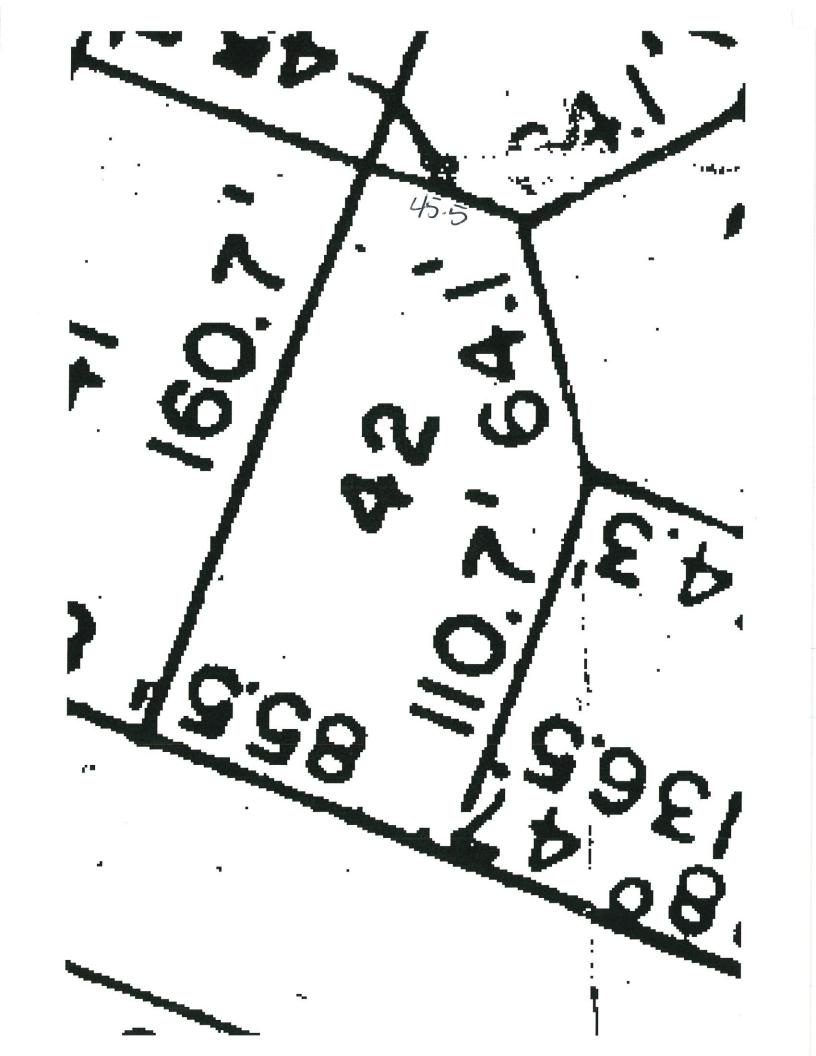
**Development Services Department** 804 South Laurel Street Springfield, Georgia 31329 (912) 754-2128 BuildingInspections@effinghamcounty.org

## Accessory Structure Permit Application \*\*All structures 200 square feet or larger will require a building permit and drawings prepared by

***Shaded Area For Internal Office Use Only***										
Date Re	ceived:	Date Is	sued:	Building P	ermit Numb	er	Permit Fee:		Plan Review Fee:	
									14 SI 5 SS	
Flood Zone Wetlands Present: Yes No Power Company:										
Project Address: 202 (Theene Dr. Project Value:										
Lot/Unit#:		Depart	ment:				Lot Si	ze:		
# Floors: #Baths:   ——————————————————————————————										
Building Area (Sq. Ft.): Unheated Area (Sq. Ft.): Unheated Area (Sq. Ft.): Total Height: Total Length: Total Length: Total Width: 17 ft.										
Total Height: _	D) seta	. 1	_ Total Length	:	40 f	+	Total Width:		17.fx	
Type Roofing: Exterior Wall Coveri								Covering:	Open	
Proposed Use of Structure: Boot Shelter										
Class of Work										
p Erect	□ Addition	□ Repair	□ Remode		emolish	□ Other	;			
Permit Type										
☐ Carport☐ Other		Pole Barn	□ Pool House	e □ Privat	te Garage	□ Shed	□ Shop	□ Storage I	Building	
CONTRACTOR / OWNER INFORMATION										
Owner: Bety New Contractor:										
Mailing Address: 102 Will MADEA CA Mailing Address:										
* incox, Ga 131376										
Home Phone: 912 665 6201 Contact Phone:										
Work Phone: State/Local License #:										
Email Address:		4		1	Email Addr	ess:				
All provisions of building codes, zoning ordinances, or other ordinances of Effingham County and that any omission of or misrepresentation of fact with or without the intention of the permit holder shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The granting of a permit does not presume to give authority to violate or cancel to provisions of any other state or local law regulating construction or the performance of construction and any alteration from this application. The permit holder will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The permit holder will be held legally liable for any violations which may occur with or without their knowledge. The permit holder may request a Certificate of Occupancy when all required inspections have been approved. As the permit holder I understand and agree and certify that I have read and examined this application and know the same to be true and correct.										
Signature of Owner, Contractor or Authorized Agent  Betty J. New Glassian Date  Print Name  Date										
	Approval:		rized Agent an Review Appi		nt Name	ing / Flood Plai	n Managam I	I	pate /	
Zoning	Phrount	TI.	un terriem vibbi		Engineer	mg / Flood Plai	п мападег:	Env	ironmental Health:	
					1, 1					

202 Green Dr







## 202 Greene Dr



