

(SAMPLE FORM)

**VARIANCE CONSENT FORM**

To: Gwinnett County Department of Planning and Development  
One Justice Square  
446 W Crogan Street  
Suite 150  
Lawrenceville, GA 30046

Subject: Variance Request for (Property Owner)  
Property Address:  
Subdivision /Property Name:  
Parcel Number:

Description of Variance Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ABUTTING PROPERTY OWNER(S):

I (We), \_\_\_\_\_, as owner(s) of  (Street Address) , located within  
 (Subdivision / Project Name) , have no objections to the granting of the Variance as  
described above.

Notary Public:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Expiration

Seal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Variance Case #: