

Application No: _____

Zoning District: _____



Magisterial District: _____

ESSEX COUNTY - VIRGINIA

APPLICATION FOR VARIANCE

To: Board of Zoning Appeals

The undersigned owner of the following described property hereby applies for a variance from the provisions of Article _____, Section _____ of the Zoning Ordinance of Essex County, Virginia.

Applicant's Name: _____

Address of applicant: _____

Applicant's Telephone No: _____

Existing Land Use: _____

Nature of Variance Requested: _____

Legal Description of Property (from Real Property Identification Maps):

Lot or Parcel No. _____ in Section _____

Location: NESW side of Route No. _____ about _____ miles from _____

Or: _____ side of _____ Street, between _____ and _____

Lot No. _____ Block _____ Section _____ of _____ Subdivision

Narrative statements demonstrating that the requested variance conforms to the following standards:

(a) The property was acquired in good faith and where by reason of the exceptional narrowness, shallowness, size or shape of the property at the time of the effective date of the Zoning Ordinance, or where by reason of exceptional topographic condition or other extraordinary situation or conditions of the property, or thereto, the strict application of the terms of the ordinance would effectively prohibit or unreasonably restrict the use of the property.

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(b) The special conditions or circumstance do not result from the actions of the applicant.

I hereby certify that I have the authority to make the foregoing application, that the information given is complete and correct to the best of my knowledge and that construction or development will conform with the description contained in this application and with the decision of the Board of Zoning Appeals.

Signature of Applicant or Authorized Agent: _____

Date: _____ / _____ / 20____

STATE OF VIRGINIA,
COUNTY OF ESSEX, to-wit:

I, _____, a Notary Public in and for the County of Essex in the State of Virginia, do hereby certify that _____ whose name is signed to the foregoing writing, bearing date of the _____ day of _____ 20 __, has this day personally appeared before me in my County aforesaid and acknowledged the same.

Given under my hand this _____ day of _____ 20 __

My Commission expires on _____

Notary Public

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TO BE COMPLETED BY BOARD OF ZONING APPEALS

Application Received: ____ / ____ / 20____

Application Fee Received: ____ / ____ / 20____

Public hearing Held: ____ / ____ / 20____

Approved, this _____ day of _____, 20____ subject to the following conditions:

By: _____, Chairman of Board of Zoning Appeals

Disapproved, this _____ day of _____, 20____

By: _____, Chairman of Board of Zoning Appeals

FEE: \$ _____ RECEIVED: \$ _____ Payment; Date: ____ / ____ / 20____

ESSEX COUNTY TREASURER. By: _____