



COMMONWEALTH OF VIRGINIA
COUNTY OF CUMBERLAND

Internal Use Only
FILE # _____ STAFF _____
RECEIVED _____
COMPLETED _____
FEE/Ck. # _____
RECEIPT # _____

**Application for Zoning Variance
or Zoning Appeal**

Last revised 07/07/10

Form must be completed in ink, Pencil will not be accepted.

1. Owner of Record (who currently owns the property?):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax #: (____) _____ Email: _____

2. Applicant (who is applying on behalf of the property owners?):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax #: (____) _____ Email: _____

3. Description of Property:

Location: _____

Tax Map Parcel(s): _____

Zoning: _____ Comprehensive Plan Area: _____

Election District: _____

Does the owner of this property own (or have any ownership interest) in any abutting property? If yes, please list those tax map parcel numbers. _____

Please address the following standards which will be reviewed by the staff in analysis of your request. If you need assistance filling out these items, staff is available.

Describe your request/appeal in detail and include all pertinent information (such as dimensions, measurements or sizes in feet). For appeals, specifically list what notice or order you are appealing and why you are appealing it (provide date of notice or order and who received from): _____

For variance requests, provide justification for the following:

1. That the strict application of the Zoning Ordinance would produce an undue hardship. _____

2. That such hardship is not generally shared by other properties in the same zoning district and the same vicinity. _____

3. That the authorization of such variance will not be of substantial detriment to adjacent property and that the character of the district will not be changed by the granting of the variance. _____

Attachments Required – provide two (2) copies of each

1. *Recorded plat or boundary survey of the property requested for the permit.* If there is no recorded plat or boundary survey, please provide legal description of the property and the Deed Book and page number or Plat Book and page number.
2. The appropriate drawings showing all existing and proposed improvements on the property, will all dimensions and distances to property lines, and any special conditions on the property that may justify the request.
3. *Ownership information* – If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, a document acceptable to the County must be submitted certifying that the person signing below has the authority to do so.

If the applicant is a contract purchaser or an agent of the owner, an owner/agent agreement must be attached (ask staff for form if needed).

Owner/ Applicant Must Read and Sign

I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner in filing this application. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge.

Print Name of Owner/ Applicant

Date

Signature of Owner/ Applicant

Daytime Phone # of Signatory