



**Gloucester County Board of Zoning Appeals
APPLICATION FOR VARIANCE**

V-____-____

APPLICANT INFORMATION:

Applicant Name: _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

PROPERTY INFORMATION:

E911 Address: _____

Tax Map/Parcel #: _____ **Magisterial District:** _____

Zoning District: _____

Property Owner Name: _____

Mailing Address: _____

Phone: _____ **Email Address:** _____

Variance Requested: (Check items that apply)

1. _____ **Variance from Property Line Setback Requirement**

(Example: If a 100 ft. rear setback is required and actual distance to property line from structure will be 40 feet, applicant needs to request a 60-foot variance from rear setback.)

_____ ft. variance from side yard setback (North, South, East, West)

_____ ft. variance from rear yard setback

_____ ft. variance from front yard setback

2. _____ **Variance from Required Lot Size**

Actual Lot Size _____ acres

Required Lot Size _____ acres

3. _____ **Variance from Parking Requirements**

_____ Spaces provided

_____ Spaces required

4. _____ **Variance from Height Requirements**

Maximum height of building _____ ft.

Requested height of building _____ ft.

5. _____ **Other** – Explain

List the names and addresses of owners or occupants of all abutting property and property immediately across the street, road or highway. Addresses should coincide with those in the Commissioner of the Revenue Property Records. (Please Print)

<u>Name</u>	<u>Mailing Address</u>	<u>Tax Map/Parcel#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIVACY ACT STATEMENT: Information provided in this application will be used in the application review process and is a matter of public record once the application is filed.

CERTIFICATION: I agree to allow the members and representatives of the Board of Zoning Appeals and duly authorized personnel of Gloucester County to enter upon said premises at reasonable times to inspect and/or photograph site conditions for review of this application. In addition, I certify under penalty of law that this document and all attachments were prepared by myself or under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

NOTICE: *If the property owner(s) does not sign this application (below), written notice will be given to the property owner(s) within 10 days of the receipt of this application as required by Virginia Code § 15.2-2204.*

Applicant (print): _____

Applicant (signature): _____ Date: _____

Property Owner (print): _____

Property Owner (signature): _____ Date: _____

Property Owner (print): _____

Property Owner (signature): _____ Date: _____

NOTE: A completed Conflict of Interest Form must be submitted for each applicant and each property owner.

Applications for variances may be made by any property owner, tenant, government official, department, board, or bureau. Such applications shall be made to the Zoning Administrator, who shall promptly transmit the application and accompanying maps, plans, and/or other information to the Secretary of the BZA – who shall in turn place the matter on the Board’s docket. The Zoning Administrator shall also transmit a copy of the application to the Planning Commission, which may send a recommendation to the BZA or appear as a party at the hearing. Within sixty (60) days of receipt of a completed application for a variance, and after public notice as required by §15.2-2204 of the Code of Virginia, the BZA shall hold a public hearing on the application for variance. Within thirty (30) days after the required public hearing, the BZA shall either approve or deny the application for variance.

SUBMIT APPLICATION TO: Gloucester County Department of Planning & Zoning
County Office Building Two, 6489 Main Street, Gloucester VA 23061 (804) 693-1224

APPLICATION FEE: \$275.00; Make check payable to Gloucester County; Payment is required with application and is NOT REFUNDABLE

FOR STAFF USE ONLY:

Case Number: _____ Date Application Received: _____
Fee Received: _____ Receipt Number: _____
Application Received By: _____

Conflict of Interest Statement

In accordance with Section 14-22 of the Gloucester County Zoning Ordinance, I certify that my application for ___ variance, ___ zoning appeal, or ___ special exception is subject to the following:

Does any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition, either individually, or by ownership of stock in a corporation owning such land or partnership?

Yes

No

Does a member of the immediate household of any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition?

Yes

No

If yes to either question above, please state:

Person's name: _____

Member of: _____

Nature of their interest: _____

I, _____, hereby certify that the information contained in this conflict of interest statement is true and correct to the best of my knowledge.

(Signature)

Date

CITY/COUNTY OF _____
COMMONWEALTH OF VIRGINIA

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20__ by _____.

Notary Public

(Seal)

Notary Registration Number: _____

My commission expires: _____

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