

CITY OF MARTINSVILLE, VIRGINIA  
**Application for Variance – Board of Zoning Appeals**

**Part I** (to be completed by applicant and submitted with non-refundable fee of \$200.00) Please type or print in ink the following information:

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Applicant's Name (if different from owner): \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant is: Owner\_\_\_ Contractor\_\_\_ Architect\_\_\_ Engineer\_\_\_

Address of Job: \_\_\_\_\_

Tax Map and Lot Number: Section \_\_\_\_\_ Block \_\_\_\_\_ Lots(s) \_\_\_\_\_

Status of Job: Not Started \_\_\_ Under construction \_\_\_ Finished \_\_\_ Existing Zoning: \_\_\_\_\_

State why it is not practical to comply with the requirements of the Zoning Ordinance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Additional Sheets may be used)

Name and complete address (with zip code) of the owners of all property located adjacent to or directly across a street from the property for which the variance is being requested.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

**Application for Variance**  
(Additional Nearby and Adjacent Property Owners)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

**Application for Variance**  
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I hereby apply for a variance to the requirements of the Zoning Ordinance for the property described herein subject to all City and State laws, ordinances and regulations. I hereby grant appropriate City officials the right to enter upon the above described property during normal business hours to conduct any inspection necessary. I hereby certify, under penalties of perjury, that the above information is true and correct.

\_\_\_\_\_  
*Signature of Applicant/Agent*

*Owners' consent if different from applicant :*

\_\_\_\_\_  
*Signature of Owner(s)*

.....  
**Part 2 (to be completed by City)**

Specific Zoning Ordinance modification desired \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Completed Application and Fee Received: \_\_\_\_\_

Date of Board of Zoning Appeals Hearing: \_\_\_\_\_ Dates of Advertisements: \_\_\_\_\_

I certify that, on \_\_\_\_\_, each of the property owners adjacent to and across the street from the property affected by this request were sent by first class mail a notification of the public hearing before the Board of Zoning Appeals.

\_\_\_\_\_  
Certifying Signature of City Staff

\_\_\_\_\_  
Attest by Deputy Clerk of Circuit Court

.....  
**Action by Board of Zoning Appeals:**

Date \_\_\_\_\_

Approved

Denied