

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)

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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

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Action by Board of Zoning Appeals:

Date _____ Approved Denied