

BOARD OF ZONING APPEALS APPLICATION

REVISED 3-1-2007



DEPARTMENT OF PLANNING &
COMMUNITY DEVELOPMENT
233 WEST BROADDUS AVENUE
PO BOX 424
BOWLING GREEN, VA 22427
(804) 633-4303
(804) 633-1766
WWW.VISITCAROLINE.COM

OFFICIALLY SUBMITTED	
DATE: _____	INITIALS _____

CASE # _____

VARIANCE
SECTION OF ORDINANCE : _____

ADMINISTRATIVE APPEAL

<p>I. APPLICANT:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>	<p>II. PRIMARY CONTACT INFORMATION (if different than applicant):</p> <p>Contact Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>
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<p>III. CURRENT OWNER (provide attachment if multiple owners):</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>	<p>IV. ENGINEER/SURVEYOR:</p> <p>Company/Name: _____</p> <p>Address: _____</p> <p>Corporate Officer: _____</p> <p>Print Name: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-Mail: _____</p>
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V. PROPERTY INFORMATION:

Tax Map/Parcel #:		Total Acreage:		Road Frontage:	
Nature of Request:		Current Zoning:			
Existing Land Use(s):					
Existing Structure(s):					
Election District:	Bowling Green <input type="checkbox"/>	Madison <input type="checkbox"/>	Mattaponi <input type="checkbox"/>	Reedy Church <input type="checkbox"/>	Port Royal <input type="checkbox"/>
Required Setbacks:	Front	Rear	Left Side	Right Side	
Physical Address/Location:					

VI. SUBMISSION REQUIREMENTS FOR VARIANCES:

- A copy of the deed to verify ownership of property.
- A recent survey of the property prepared by a surveyor licensed by the Commonwealth of Virginia, showing all dimensional criteria of the lot and proposed building(s) with the distances to each property line, to any existing building(s) and the locations of the well and drain field on the subject property.

VII. SUBMISSION REQUIREMENTS FOR AN ADMINISTRATIVE APPEAL:

- A copy of the deed to verify ownership of property.
- A narrative explaining the reason(s) why the administrative decision is incorrect.

VII. FEE CALCULATION SCHEDULE (To be Completed by Staff):

Administrative Appeal:	<u>\$600.00</u>	=	
Variance	<u>\$600.00</u> (Base Fee)	+ (<u> </u> X <u> </u>) =
	(No. of Variances)	(Fee)	
			<u>(Total Fees Due)</u>

Reviewed by: _____ Comments: _____

XI. I/We read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the County may approve, conditionally approve, or deny the request for which I am applying. Furthermore, I grant permission to the Department of Planning and Community Development and other authorized government agent(s) to enter the property and make such investigations as they deem necessary to evaluate the request. If the application requires a County consultant to review the project I agree to reimburse the County all costs associated with such a review. If the owner is different from the applicant, the owner's signature authorizes the applicant to act on his behalf under a limited power of attorney as it relates to this application.

Signature of Owner

Signature of Agent/Applicant

Owner's Name

Agent/Applicant's Name

Date

Date

Note: An application shall not be officially filed until all required plans, plats, fees and support materials are filed with the Director of Planning and Community Development.