



Westmoreland County, Virginia

# Land Use Administration

P. O. Box 1000  
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Phone 804-493-0120 FAX 804-493-0604

Building Official  
Zoning Official  
Planning Commission  
Board of Zoning Appeals  
Board of Building Appeals  
Wetlands Board

## **BOARD OF ZONING APPEALS APPLICATION**

(March 18, 2019)

Case No: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Fee \$600: \_\_\_\_\_ Check #: \_\_\_\_\_ (submit with application - nonrefundable)  
Assigned to the agenda for: \_\_\_\_\_

THIS APPLICATION IS INVALID IF NOT SIGNED BY ALL PROPERTY OWNERS AND THEIR AUTHORIZED AGENTS. PROPERLY COMPLETED APPLICATIONS, SUPPORT MATERIALS, AND FEE MUST BE RECEIVED BY THE APPROPRIATE DEADLINE FOR CONSIDERATION AT THE NEXT AVAILABLE MEETING.

I/we hereby give permission for staff and Board members to go upon the property. I/we certify that the information presented is true and correct to the best of my/our knowledge. I/we further understand that following review of the documents submitted, should it be determined that they do not meet the requirements, the application shall not be forwarded to the Board until the issue(s) are resolved.

Property Address: \_\_\_\_\_  
Tax Map Identification: \_\_\_\_\_ Acreage: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Magisterial District: \_\_\_\_\_

Owner(s): \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent/Applicant: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **I/we respectfully request the Board to review this application for the following determination:**

*(check and complete the appropriate appeal)*

\_\_\_ Request an **APPEAL** of the **PLANNING COMMISSION'S** determination relative to Article \_\_\_\_, Section \_\_\_\_, Subsection \_\_\_\_ of the code and being further described as: \_\_\_\_\_

\_\_\_ Request an **APPEAL** of the **ADMINISTRATOR'S** determination relative to Article \_\_\_\_, Section \_\_\_\_, Subsection \_\_\_\_ and being further described as: \_\_\_\_\_

\_\_\_ Request a variance of the **ZONING CODE** requirements found in Article \_\_\_\_, Section: \_\_\_\_, Subsection: \_\_\_\_ being further described as: \_\_\_\_\_

Describe the current use of this property: \_\_\_\_\_

Describe the nature and purpose of this appeal/variance: \_\_\_\_\_

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**FOR A VARIANCE:**

The following documents shall accompany variance applications for consideration:

1. Seven (7) copies of all documents.
2. Plot or Site plan with accurate dimensions of the parcel and showing all existing and proposed building(s) and structure(s) with their exact location on the property.
3. Boundary survey showing all applicable easements.
4. Floor plans of all existing and/or proposed structures.
5. Building elevation views of the existing and/or proposed construction.
6. Topography Map, when required.
7. Other documentation that you feel is relevant for your case.

Has the owner previously filed an appeal in connection with the property? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, describe the nature of the appeal, date and the decision that was rendered: \_\_\_\_\_

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Pursuant to Section 15.2-2309 of the Code of Virginia, specific findings are required by the Board of Zoning Appeals before granting any variance. You are required to answer each of the following questions. The burden by law is on you to show that all of the criteria for granting a variance are met. Respond to each of the following questions, giving good and just cause for the Board's determination. Any of the questions left incomplete can be considered by the Board as grounds for disapproval.

1. How will the strict application of the ordinance unreasonably restrict the utilization of the property? Or, alternatively, how will the granting of the variance alleviate a hardship due to a physical condition relating to the property or improvements?

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2. Will the granting of the variance alleviate a hardship by granting a reasonable modification to a property or improvements thereon requested by, or on behalf of, a person with a disability? (answer yes or no) If so, explain the circumstances. \*Please note that any variance granted on behalf of a person with a disability may expire when the person benefited by it is no longer in need of the modification.

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3. Was the property acquired in good faith, meaning the owner did not purchase the property knowing of an outstanding violation that necessitates the current variance application to correct the issue? (answer yes or no) If there was a known outstanding violation, explain the circumstances.

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4. Was there any action by the applicant that created the hardship that necessitates this variance application? (answer yes or no) If so, explain the circumstances.

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5. How will the granting of this variance not be considered of substantial detriment to adjacent and nearby properties?

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6. What conditions or situations exist upon the property that cannot be considered so general or recurring to make reasonably practicable the formulation of a general regulation to be adopted as an amendment to the ordinance?

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7. Would the granting of this variance result in a use that is not otherwise permitted on such property or a change in the zoning classification of the property? (answer yes or no) If so, explain the result/change.

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8. Is the relief or remedy sought by the variance application available through a special exception process or the process for modification of a zoning ordinance? (answer yes or no) If so, explain why that option was not pursued.

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I/We the undersigned hereby certify that the information presented on this application is true and correct to the best of my/our knowledge. I/We further understand that upon the review of the documents submitted, should it be determined that the not meet the requirements, the application shall not be forwarded to the Board until the issues are resolved. The applicant shall be responsible for all additional advertising and cost associated with the re-hearing of this case.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Agent/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_