

# APPLICATION FOR VARIANCE OR WAIVER OF ZONING ORDINANCE REQUIREMENT(S)



Docket Number: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

Date Application Filed: \_\_\_\_\_

Pre-Application Meeting Date: \_\_\_\_\_

## APPLICANT(S) INFORMATION

1) APPLICANT(S) NAME(S): \_\_\_\_\_

Names of Officers, Directors, Shareholders or Members (If Applicable):

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2) PROPERTY OWNER(S) NAME(S): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*PLEASE USE ADDITIONAL PAGES IF NEEDED\***

3) APPLICANT(S) ATTORNEY: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## PROPERTY INFORMATION

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

PVA Parcel Number: \_\_\_\_\_

Acreage: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

**SUMMARY OF REQUEST**

*Please describe the variance(s) or waiver(s) being requested and list the section of the Zoning Ordinance from which the variance(s) and/or waiver(s) is(are) referenced:*

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**PERMITTED VARIANCES/WAIVERS**

*The Board of Adjustments shall have the authority to hear and decide on applications for a variance(s) or waiver(s) from the terms of the Zoning Ordinance, but only in the situations outlined in Section 3.7 (Variances) and Section 3.8 (Waivers) of the Zoning Ordinance, and provided that such relief may be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of this Ordinance.*

**FINDINGS REQUIRED FOR A VARIANCE(S) AND/OR WAIVER(S)**

*In order for the Board of Adjustments to grant a variance or waiver, it must make findings of fact in support of its approval. Please provide a detailed explanation as to one or more of the following:*

- The variance/waiver will not adversely affect the public health, safety or welfare, will not alter the essential character of the general vicinity;
- The variance/waiver will not cause a hazard or a nuisance to the public;
- The variance/waiver will not allow for an unreasonable circumvention of the requirements of the zoning regulations;
- The variance/waiver will not violate the Comprehensive Plan;
- The extent of variance/waiver of the regulation is the minimum necessary to afford relief to the applicant; AND Either:
  - The applicant has incorporated other design measures that exceed the minimums of the district and compensate for non-compliance with the requirements to be varied/waived (net beneficial effect);
  - The requested variance/waiver arises from special circumstances which do not generally apply to land in the general vicinity, or the same zone; OR
  - The strict application of the provisions of the regulations would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant (Financial disadvantage to the property owner is no proof of hardship for the purposes of this section).

*The Board of Adjustments shall deny any request for a Variance arising from circumstances that are the result of willful violations of the zoning regulation by the applicant subsequent to the adoption of the zoning regulation from which relief is sought.*

Please check (✓) the applicable above findings of fact and cite specific evidence to address such finding in the space provided below. Please attach additional sheets if more space is needed.

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**APPLICATION CHECKLIST**

- A completed and signed Application
- If required, a boundary survey prepared by a licensed surveyor (please include one (1) 11" x 14" or smaller copy)
- Adjacent Property Owners Form
- Filing Fees

**APPLICANT'S CERTIFICATION**

*I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. Please attach additional signature pages if needed.*

Signature of Applicant(s) and Property Owner(s):

Date:

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(please print name and title)*

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(please print name and title)*

*The foregoing signatures constitute all of the owners of the affected property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property. Please use additional signature pages, if needed.*

**REQUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED**

Application Fee: \_\_\_\_\_  
Land Use Certificate Fee: \_\_\_\_\_  
Date Fees Received: \_\_\_\_\_