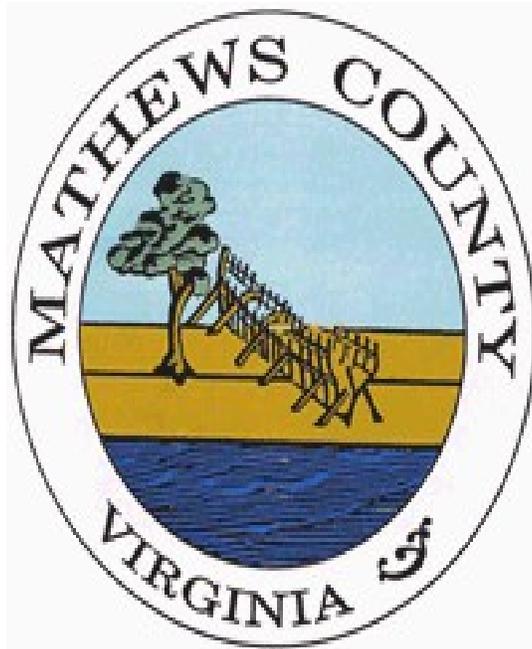


APPLICATION FOR VARIANCE



**DEPARTMENT OF PLANNING & ZONING
COUNTY OF MATHEWS, VIRGINIA
50 BRICKBAT RD., SUITE 208
P.O. BOX 839
MATHEWS, VIRGINIA 23109
Ph: 804-725-4034
Fax: 804-725-7249**

Board of Zoning Appeals

VARIANCE APPLICATION

I. APPLICANT INFORMATION

Applicant's Name:

Street Address:

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail #: _____

II. OWNER INFORMATION

Property Owner's Name:

(Indicate if different than applicant or enter "same" if applicant is the owner.)

Street Address:

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail #: _____

* *If applicant is not the owner, an Owner's Consent form must accompany this application.*

III. SUBJECT PROPERTY INFORMATION

Tax Map#: _____

Premise Address:

Zoning District: _____

Existing Use: _____

Proposed Use: _____

**ATTACH PLAT OF PROPERTY DETAILING EXISTING STRUCTURES,
SETBACK LINES AND ENCROACHMENT**

IV. GENERAL INFORMATION

Has a previous application been filed for a variance in connection with this property?

Yes No

If yes, please provide the date of application _____.

What code section of the zoning or subdivision ordinance is the applicant seeking relief from as a result of a variance?

Article _____ Division _____ Section _____ which pertains to

_____.

Is the subject property located within a flood district? Yes No

Is the subject property located within a Resource Protection Area? Yes No

Is the subject property located within an Overlay District? Yes No

If yes, please specify which one:
_____.

Has a Conditional Use Permit been issued for the existing/proposed use? Yes No

ATTACH A LIST OF ALL ADJACENT PROPERTIES TO THE SUBJECT PROPERTY (To include the Tax Map#, property owner's name and mailing address, and the property address if different from the owner's address).

IV. AUTHORIZATION

* _____
Applicant's Signature *Date*

* Was an Owner's Consent form provided? *Yes* *No* *Not Required*

Office Use Only

DATE RECEIVED: _____ APPLICATION #: _____

DATE/AMOUNT OF FEE: _____

DATE/PERSON REVIEWED BY: _____

DATE OF BOARD OF ZONING APPEALS REVIEW: _____

BOARD OF ZONING APPEALS DECISION:

_____ APPROVED _____ DENIED

REASON:

Owner's Consent Form

I/We, the Owner(s) of the property listed below, hereby grant permission for the applicant, _____
to seek a variance as requested in the Board of Zoning Appeals Application relating to property located at: _____

_____.
on Tax Map Parcel(s)

Signature

Date

Printed Name

~ NOTARY ~

SUBSCRIBED & SWORN TO Before me this ____ day of _____,
_____.

Notary Public

My Commission Expires: _____