

OFFICE USE ONLY APP # _____ FEE PAID: _____ DATE: _____
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TOWN OF ALTAVISTA

APPLICATION FOR VARIANCE

This application and accompanying information must be submitted in full before the special use permit can be referred to the Planning Commission and Town Council for consideration. The application and accompanying information will become conditions of approval and be binding on the property if the permit is granted. Please contact the Zoning Department at (434) 369-5001 for application and deadline or questions.

Request is hereby made by the principle officer of applicant or undersigned owner of the below listed property for consideration of a Special Use Permit as provided for in Section 86-33 of The Code of the Town of Altavista, Virginia 2002.

Applicant Information

Name: _____ Phone Number: _____

Address: _____

Property Information

Property Owner(s): _____ Phone Number: _____

Property Address or Location: _____

Parcel ID Number: _____

Present Zoning District: _____

Purpose of Request

Description of the proposed variance (or site modification):

Please demonstrate how strict enforcement of the Town’s Zoning Ordinance, 2002, would produce an undue hardship.

(Use separate pages if additional space is required)

Please demonstrate that the hardship is not shared generally by other properties in the same zoning district and the same vicinity.

(Use separate pages if additional space is required)

Please demonstrate that authorization of the requested variance will not be a substantial detriment to adjacent property and that the character of the district will not be changed by granting of the variance.

(Use separate pages if additional space is required)

The following items must accompany this application:

1. The written consent of the owner or agent for the owner (only if the applicant is not the owner). If the applicant is the contract purchaser, the written consent of the owner is required.
2. One copy of a site plan for the property showing the lot, structures, site improvements, parking areas and spaces, and any other information necessary to determine the ability to meet the Zoning Ordinance site development standards, use and design standards, and physical compatibility with the neighborhood.
3. Vicinity map (may be included on the site plan).
4. Fee of \$280 for special use permit or minor amendments to existing special use permits to be applied to the cost of advertising, administrative expense, first class postage, appropriate signage, and processing this application. Please make your check or money order payable to the **TOWN OF ALTAVISTA**.
5. Any item submitted that is greater than 11"x 17" paper size or in color, as deemed necessary as by the applicant, requires fifteen (15) copies.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

CASE NO: _____ TAX MAP NO: _____

DATE RECEIVED: _____

REFERRED TO PLANNING COMMISSION: _____

REFERRED TO COUNCIL: _____

PUBLIC HEARING & NOTIFICATION TO ADJACENT PROPERTY OWNERS

BOARD OF ZONING APPEALS

DATE: _____

NUMBER OF PIECES MAILED: _____

DATE MAILED: _____ CERTIFIED: _____ 1ST CLASS: _____

REFERRAL TO PLANNING COMMISSION:

DATE: _____

RECOMENDATON: Yes _____ No _____

If YES: RECOMMEND APPROVAL _____ RECOMMEND DISAPPROVAL _____

ACTION TAKEN

APPROVED BY BZA: _____

DISAPPROVED BY BZA: _____

DATE: _____