County of Gloucester
Department of Planning and Zoning
6489 Main Street
Gloucester, Virginia 23061
(804) 693-1224

FOR OFFICE USE ONLY
Date Rec'd _____
Case No. _____
Tax Map/Parcel No. _____
Receipt No. _____
Received by _____

APPLICATION FOR APPEAL

A. APPLICANT INFORMATION:

Applicant Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

B. PROPERTY INFORMATION:

E-911 Address: _____

Tax Map/Parcel #: _____ Magisterial District: _____

Zoning District: _____

Property Owner(s) Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

C. STATE WHAT IS BEING APPEALED AND WHY: (Please attach separate page(s) if more space is needed)

_____

_____

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D. LIST THE NAMES AND ADDRESSES OF OWNERS OR OCCUPANTS OF ALL ABUTTING PROPERTY AND PROPERTY IMMEDIATELY ACROSS THE STREET, ROAD OR HIGHWAY. ADDRESSES SHOULD COINCIDE WITH THOSE IN THE COMMISSIONER OF THE REVENUE PROPERTY RECORDS. (Please Print)

NAME	MAILING ADDRESS	TAX MAP/PARCEL#

PRIVACY ACT STATEMENT: Information provided in this application will be used in the application review process and is a matter of public record once the application is filed.

CERTIFICATION: I agree to allow the members and representatives of the Board of Zoning Appeals and duly authorized personnel of Gloucester County to enter upon said premises at reasonable times to inspect and/or photograph site conditions for review of this application. In addition, I certify under penalty of law that this document and all attachments were prepared by myself or under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

NOTICE: If the property owner(s) does not sign this application (below), written notice will be given to the property owner(s) within 10 days of the receipt of this application as required by Virginia Code § 15.2-2204.

E. APPLICANT / PERSON REPRESENTING THE APPLICATION:

Applicant (print): _____

Applicant Signature: _____ Date: _____

OWNER(S) OF THE PROPERTY:

Property Owner (print): _____

Property Owner Signature: _____ Date: _____

Property Owner (print): _____

Property Owner Signature: _____ Date: _____

NOTE: A completed Conflict of Interest Form must be submitted for each applicant and each property owner.

Appeals to the BZA may be taken by any person aggrieved, or by any officer, department, board, or bureau of the County affected, by any decision of the Zoning Administrator pursuant to section 14-11 of the Zoning Ordinance. *Such appeal shall be taken within thirty (30) days after the decision appealed from by filing a notice of appeal, specifying the grounds thereof, with the Administrator and the BZA. An application for appeal, filed according to the above procedure, shall be given a case number within five (5) working days. Applications for appeals will be assigned for hearing in the order in which they are received. The BZA shall fix a reasonable time for the hearing of an applicant's appeal, and decide the same within sixty (60) days. In exercising its powers, the Board may reverse or affirm, wholly or partly, or may modify any order, requirement, decision, or determination appealed from. The appellant may appear on his own behalf at the hearing, or be represented by counsel or an agent. Both the appellant and Zoning Administrator may speak to the appeal and, at the discretion of the Chair, the appellant and/or Zoning Administrator may be given additional opportunity for rebuttal. The BZA's decision on any appeal shall be based on the Board's judgment of whether the administrative officer was correct. (§15.2-2309)*

SUBMIT APPLICATION TO: Gloucester County Department of Planning & Zoning
County Office Building Two, 6489 Main Street, Gloucester VA 23061 (804) 693-1224
APPLICATION FEE: $275.00; Make check payable to *Gloucester County;* Payment is required with application and is NOT REFUNDABLE

Conflict of Interest Statement

In accordance with Section 14-22 of the Gloucester County Zoning Ordinance, I certify that my application for ___ variance, ___ zoning appeal, or ___ special exception is subject to the following:

Does any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition, either individually, or by ownership of stock in a corporation owning such land or partnership?

_____ Yes _____ No

Does a member of the immediate household of any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition?

_____ Yes _____ No

If yes to either question above, please state:

Person's name: _____

Member of: _____

Nature of their interest: _____

_____

_____

I, _____, hereby certify that the information contained in this conflict of interest statement is true and correct to the best of my knowledge.

_____ (Signature) _____ Date

CITY/COUNTY OF _____
COMMONWEALTH OF VIRGINIA

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20___ by _____.

_____
Notary Public (Seal)

Notary Registration Number: _____

My commission expires: _____

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_____ Yes _____ No

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CITY/COUNTY OF _____
COMMONWEALTH OF VIRGINIA

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Notary Public (Seal)

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