

**CHINCOTEAGUE, VIRGINIA
APPEAL TO THE
BOARD OF ZONING APPEALS**

APPEAL CASE NUMBER: _____

FEE: \$ _____

I, _____,

AGENT FOR _____ WOULD LIKE TO FILE THE FOLLOWING APPEAL WITH THE BOARD OF ZONING APPEALS BASED UPON THE NOTED STATE CODE(S):

TITLE 15.2, CODE OF VIRGINIA, 1959 (AS AMENDED)

(CHECK ALL THAT APPLY)

1. AN APPEAL OF AN OFFICER, REQUIREMENT, DECISION OR DETERMINATION OF AN ADMINISTRATIVE OFFICER.
2. AN APPEAL OF A DECISION OF THE ZONING ADMINISTRATOR.
3. AN INTERPRETATION OF THE DISTRICT ZONING MAP, IN THAT THERE IS AN UNCERTAINTY AS TO THE LOCATION OF A DISTRICT BOUNDARY.
4. AN APPEAL FOR A VARIANCE. THE APPLICANT IS REQUIRED TO SHOW THAT A LAND USE HARDSHIP EXIST. SEE ATTACHED EXAMPLE SHEET FOR HARDSHIP CRITERIA.
5. AN APPEAL FOR A VARIANCE OF THE FLOOD PLAIN MANAGEMENT ORDINANCE

BOARD OF ZONING APPEALS USE ONLY:

MEETING DATE: _____

APPEAL ACTION:

APPROVED

DENIED

CONDITIONAL: _____

BZA, SECRETARY

DATE: _____

(1.) RULES AND REGULATIONS TO FILE FOR APPEAL:

(A.) APPLICANTS OR THEIR AGENTS SHALL NOT CONTACT ANY BOARD MEMBER TO DISCUSS THE CASE PRIOR TO THE SCHEDULED PUBLIC HEARING OF THEIR APPEAL.

(B.) FAILURE OF APPLICANT OR AGENT TO APPEAR BEFORE THE BOARD MAY BE REASON FOR DENIAL.

(C.) APPLICANT MUST POST APPEAL NOTICE FURNISHED BY THE ZONING ADMINISTRATOR ON SAID PROPERTY, VISIBLE FROM THE STREET.

(D.) APPLICANT SHALL SUBMIT A PLOT PLAN, TO SCALE, OF THE SAID PROPERTY IDENTIFYING THE FOLLOWING:

- 1. ALL EXISTING STRUCTURES LOCATED ON SAID PROPERTY.**
- 2. PROPOSED NEW STRUCTURES.**
- 3. SETBACKS FROM FRONT, SIDES AND REAR PROPERTY LINES.**
- 4. LOCATION OF EXISTING SEPTIC, DRAIN FIELDS OR CESSPOOLS.**
- 5. LOCATION OF EASEMENTS, RIGHT-OF-WAYS AND PUBLIC ROADS THAT ADJOIN OR ENTER SAID PROPERTY.**

(E.) THE CHINCOTEAGUE BOARD OF ZONING APPEALS HAS SEVEN (7) MEMBERS. TO OBTAIN APPROVAL FOR A VARIANCE OR SPECIAL USE PERMIT, FOUR (4) MEMBERS MUST VOTE IN YOUR FAVOR.

(F.) ANY DECISION OF THE BOARD OF ZONING APPEALS MAY BE APPEALED TO THE CIRCUIT COURT OF ACCOMACK COUNTY WITHIN 30 DAYS OF RECEIPT OF THE DECISION MADE.

(G.) THE BZA MAY IMPOSE SUCH CONDITIONS REGARDING THE LOCATION, CHARACTER AND OTHER FEATURES OF THE PROPOSED STRUCTURE OR USE AS IT MAY DEEM NECESSARY IN THE PUBLIC INTEREST.

(2.) NOTIFICATION OF PROPERTY OWNERS:

ALL APPLICATIONS SHALL BE ACCOMPANIED BY WRITTEN COMMENTS FROM OWNERS OF REAL ESTATE AS FOLLOWS:

(A.) VARIANCE:

APPLICANTS SHALL SUBMIT WRITTEN COMMENTS FROM ALL ADJOINING PROPERTY OWNERS INCLUDING THE PROPERTY OWNERS ACROSS THE STREET(S) OR ACROSS BODIES OF WATERS ADJACENT TO OR DIVIDING TWO PROPERTIES. THE BZA MAY REQUIRE THE APPLICANT TO SUBMIT WRITTEN COMMENTS FROM ADDITIONAL PROPERTY OWNERS.

(B.) WRITTEN NOTIFICATION OF APPEAL:

PROPERTY OWNERS NOT AVAILABLE FOR WRITTEN COMMENT SHALL BE NOTIFIED OF THE PROPOSED REQUEST BY CERTIFIED MAIL.

A COPY OF THE REGISTERED MAIL AND THE CERTIFIED MAIL RECEIPT MUST BE SUBMITTED AT THE TIME OF FILING THE APPEAL.

RETURN RECEIPT OF THE CERTIFIED MAIL MUST BE GIVEN TO THE ZONING ADMINISTRATOR A MINIMUM OF 5 DAYS PRIOR TO THE MEETING DATE.

PLEASE PRINT

THE PROPERTY IN WHICH THIS APPEAL IS SUBMITTED IS LOCATED AT (911 ADDRESS)

_____, TAX MAP # _____

THIS PROPERTY IS OWNED BY:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ WORK PHONE: _____

HAS ANY PREVIOUS APPLICATION OR APPEAL BEEN FILED IN CONNECTION WITH THESE PREMISES?

() NO

() YES, EXPLAIN; _____

IS THIS APPEAL FILED DUE TO A ZONING VIOLATION IDENTIFIED BY THE ZONING ADMINISTRATOR?

() NO

() YES, IF THE VIOLATION HAS NOT BEEN CORRECTED,
EXPLAIN WHY; _____

ARTICLE(S) AND SECTION(S) THAT APPLIES TO YOUR APPEAL:

(1.) ARTICLE: _____ SECTION: _____
REQUIRES: _____
REASON FOR YOUR APPEAL: _____

(2.) ARTICLE: _____ SECTION: _____
REQUIRES: _____
REASON FOR YOUR APPEAL: _____

(3.) ARTICLE: _____ SECTION: _____
REQUIRES: _____
REASON FOR YOUR APPEAL: _____

GUIDELINES USED BY THE BOARD OF ZONING APPEALS IN GRANTING A VARIANCE

In order for the Board of Zoning Appeals to review your request for a variance, the threshold question for the BZA in considering an application for a variance “ *is whether the effect of the zoning ordinance upon the property under consideration, as it stands, interferes with all reasonable beneficial uses of the property, taken as a whole*”. If the answer is in the negative, the BZA has no authority to go further.

- () yes
- () no

Please answer the following questions:

(1). Does the strict application of the ordinance result in unnecessary or unreasonable hardship to the property owner?

- () yes, Explain;

- () no

(2). Is the need for the variance shared generally by other properties?

- () yes, Explain;

- () no

(3). Is the variance contrary to the intended sprit and purpose of the ordinance, and would result in substantial justice being done.

- () yes, Explain;

- () no

All of the above questions must be answered. Failure to complete the above questions shall result in your application not being processed.

PLEASE INDICATE YOUR APPROVAL OR DISAPPROVAL OF THE PROPOSED LAND USE AS STATED IN THE APPLICATION BY CHECKING THE APPROPRIATE SPACE. SPECIFY THE LOCATION OF YOUR PROPERTY; NORTH, EAST, SOUTH OR WEST OF THE APPLICANTS PROPERTY.

TAX MAP # _____	LOCATION OF PROPERTY _____
NAME: _____	
ADDRESS: _____	PHONE: _____
COMMENTS: _____	
<input type="checkbox"/> APPROVE REQUEST	<input type="checkbox"/> DISAPPROVE REQUEST
SIGNATURE: _____	DATE: _____

TAX MAP # _____	LOCATION OF PROPERTY _____
NAME: _____	
ADDRESS: _____	PHONE: _____
COMMENTS: _____	
<input type="checkbox"/> APPROVE REQUEST	<input type="checkbox"/> DISAPPROVE REQUEST
SIGNATURE: _____	DATE: _____

TAX MAP # _____	LOCATION OF PROPERTY _____
NAME: _____	
ADDRESS: _____	PHONE: _____
COMMENTS: _____	

APPROVE REQUEST

DISAPPROVE REQUEST

SIGNATURE: _____

DATE:

TAX MAP # _____ LOCATION OF PROPERTY _____

NAME:

ADDRESS: _____

PHONE:

COMMENTS:

APPROVE REQUEST

DISAPPROVE REQUEST

SIGNATURE: _____

DATE:

TAX MAP # _____ LOCATION OF PROPERTY _____

NAME:

ADDRESS: _____

PHONE:

COMMENTS:

APPROVE REQUEST

DISAPPROVE REQUEST

SIGNATURE: _____

DATE:

TAX MAP # _____ LOCATION OF PROPERTY _____

NAME:

ADDRESS: _____

PHONE:

COMMENTS:

APPROVE REQUEST

DISAPPROVE REQUEST

SIGNATURE: _____

DATE:

TAX MAP # _____ **LOCATION OF PROPERTY** _____

NAME:

ADDRESS: _____

PHONE:

COMMENTS:

APPROVE REQUEST

DISAPPROVE REQUEST

SIGNATURE: _____

DATE: