



# CHINCOTEAGUE, VIRGINIA

## APPLICATION TO THE BOARD OF ZONING APPEALS FOR A SPECIAL USE PERMIT

CASE NUMBER: \_\_\_\_\_

FEE:\$ \_\_\_\_\_

I, \_\_\_\_\_,

AGENT FOR \_\_\_\_\_ WOULD LIKE TO FILE AN  
APPLICATION FOR A SPECIAL USE PERMIT WITH THE BOARD OF ZONING APPEALS BASED  
UPON THE NOTED STATE CODE:

TITLE 15.1, CHAPTER 11, CODE OF VIRGINIA, 1959 (AS AMENDED) 15.1 - 495

( ) REQUEST FOR A SPECIAL USE PERMIT.

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 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.) SPECIAL USE PERMITS:**

**APPLICANTS SHALL SUBMIT WRITTEN COMMENTS FROM OWNERS OF REAL ESTATE WITHIN 300 FEET OF THE BOUNDARY LINES OF THE PROPERTY UPON WHICH ACTION IS TO BE TAKEN. THE BZA MAY REQUIRE THE APPLICANT TO SUBMIT WRITTEN COMMENTS FROM ADDITIONAL PROPERTY OWNERS.**

**(C.) WRITTEN NOTIFICATION OF APPEAL:**

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

**A COPY OF THE REGISTERED MAIL AND THE REGISTERED RECEIPT MUST BE SUBMITTED AT THE TIME OF FILING THE APPLICATION.**

**RETURN RECEIPT OF THE REGISTERED 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 FOR AN SPECIAL USE PERMIT OR AN APPEAL TO THE BOARD OF ZONING APPEALS BEEN FILED IN CONNECTION WITH THESE PREMISES?

( ) NO

( ) YES, EXPLAIN; \_\_\_\_\_

IS THIS APPLICATION FOR A SPECIAL USE PERMIT FILED DUE TO A ZONING VIOLATION IDENTIFIED BY THE ZONING ADMINISTRATOR?

( ) NO

( ) YES, IF THE VIOLATION HAS NOT BEEN CORRECTED,

EXPLAIN WHY; \_\_\_\_\_

\_\_\_\_\_

ARTICLE AND SECTION # THAT APPLIES TO YOUR SPECIAL USE PERMIT APPLICATION:

(1.) ARTICLE: \_\_\_\_\_

SECTION: \_\_\_\_\_

REQUIRES: \_\_\_\_\_

REASON FOR YOUR APPLICATION: \_\_\_\_\_

\_\_\_\_\_

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: _____	
( ) 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:

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:**  
\_\_\_\_\_