

MIDDLESEX COUNTY

Department of Planning and Community Development
P.O. Box 428, Saluda, VA 23149
Phone: 804-758-3382 Fax: 804-758-0061

VARIANCE SUBMISSION REQUIREMENTS

In order to expedite the review of Variance applications, please be sure that all of the following items have been included in your Variance application. Please return this completed checklist with the application to assure that all items have been addressed. All Variance applications must adhere to the regulations found in the Middlesex County Zoning Ordinance.

- Completed Zoning Appeal Application.
- Zoning Appeal Application fee of \$450
- Any other information that the Zoning Administrator may reasonably determine to be necessary for the proper evaluation of the application.

As outlined in Article 20, Section 20-4-C of the Ordinance:

- Appeals from any decision of the Board of Zoning Appeals on an application for a variance shall be made in accordance with the provisions set forth in VA Code Section 15.2-2314, as amended.

CERTIFICATION:

I hereby certify that this completed application form contains all the required information for a Zoning Appeal Application in accordance with the Middlesex County Zoning Ordinance. I understand that the submission of incomplete or inaccurate information may delay the processing of this Zoning Appeal Application.

Applicant's Signature

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ZONING APPEAL APPLICATION

OFFICE USE ONLY

Application #: _____ Application Fee: \$450
Reviewing Authority: _____ Hearing Date: _____
Decision: Approved Denied
Conditions/Comments: _____

Zoning Administrator Signature _____ Date _____

APPLICANT INFORMATION

Name: _____
Address: _____ City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

PROPERTY OWNER INFORMATION

Name: _____
Address: _____ City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

PROPERTY INFORMATION

Parcel Number(s): _____ E911/Street Address: _____
Magisterial District: _____ Zoning District: _____

APPEAL REQUEST

Why is the appeal being requested? _____

APPLICANT STATEMENT

I hereby certify that I have the authority to make the foregoing application and that the information given is complete and correct to the best of my knowledge.

Applicant's Signature (if not Property Owner)

Date

Applicant's Signature (if not Property Owner)

Date

PROPERTY OWNER(S) STATEMENT

I hereby certify that I/we own the above described property, that the information given is complete and correct to the best of my knowledge, and that the above person(s), group, corporation or agent has the full and complete permission of the undersigned owner(s) to make application for an appeal as set forth in the Middlesex County Zoning Ordinance as written.

Property Owner's Signature

Date

Property Owner's Signature

Date

CONDITIONS

1. This permit application is not valid unless all property owner(s) signatures are affixed and dated.
2. All permit application charges are nonrefundable, regardless of whether the permit application is approved or denied once submitted. All checks for payment should be made payable to Middlesex County.