



CITY OF WINCHESTER, VIRGINIA

CASE #: _____
FEE AM'T: _____
DATE PAID: _____

Rouss City Hall
15 North Cameron Street
Winchester, VA 22601
540-667-1815
TDD 540-722-0782

APPLICATION FOR BOARD OF ZONING APPEALS

(rev 4/15/08)

Please print or type all information

_____ Applicant

_____ Telephone _____ Street Address

_____ E-mail address _____ City _____ State _____ Zip

_____ OWNER'S SIGNATURE (use reverse to list additional owners) _____ Owner Name (as appears in Land Records)

_____ Telephone _____ Street Address

_____ E-mail address _____ City _____ State _____ Zip

REQUEST TYPE CODE - Please mark type of request and complete information

KEY: V = Variance; AM = Administrative Modification; I = Interpretation

REQUEST TYPE	ORDINANCE SECTION	PERTAINING TO:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION FEE: \$500 for 1st code section; \$100 for each additional code section

PROPERTY LOCATION

Current Street Address(es) _____ Zoning _____

Tax Map Identification - (sections, blocks, lots) _____

REQUIRED MATERIALS LIST

- _____ 1 copy of application (this form completed)
- _____ Letter explaining request and grounds for request
- _____ Fee (check made payable to the **Treasurer, City of Winchester**)
- _____ 7 Copies of plans/or drawings
- _____ List of adjacent property owners (public hearing items only). List must provide name and mailing address as appears in Land Records for owners of all properties within 300 feet of any portion of the subject site.
- _____ Disclosure of Real Parties in Interest (list all equitable owners)

All public hearing materials must be submitted at one time by 5:00 PM on the deadline date for the next regular meeting in order to be placed on the agenda. Only complete applications, which include the above materials, will be accepted.

I/we hereby certify that the above information is complete and correct and that public notification will be properly posted on the site not later than 14 days before the public hearing (if applicable) and that all delinquent real estate taxes have been paid per Section 23-9.

APPLICANT'S SIGNATURE _____ DATE _____

CASE #: _____
FEE AM'T: _____
DATE PAID: _____

Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE