

APPLICATION FOR A ZONING VARIANCE

Applicant's Name _____

Address _____ Phone # _____

Description of variance requested:

For property located at _____ Map # _____

Property Owner's Name _____

- (1) Please state how the strict application of the zoning ordinance creates an undue hardship for you. (Note: Financial loss, standing alone, does not establish an extraordinary or exceptional situation or hardship to justify granting a variance.)

- (2) Please state how your hardship is not shared generally by other properties in the same zoning district and the same vicinity.

- (3) Please state why the granting of a variance will not be of substantial detriment to adjacent property, and why the variance will not change the character of the district:

- (4) To your knowledge, is the condition or situation of your property so general or recurring that the Zoning Ordinance ought to be changed so as to eliminate the need for other property owners with the same condition or situation to apply for a variance? _____ If yes, please explain:

Signed _____ Date _____

PLEASE SUBMIT THIS FORM TO THE TOWN OF BERRYVILLE, 101 Chalmers Court, BERRYVILLE, VIRGINIA, 22611 WITH THE APPROPRIATE FEE(S). FOR FEE INFORMATION, PLEASE CALL (540) 955-4081.