

Town of Dumfries Zoning Department

Board of Zoning Appeals

VARIANCE/APPEAL APPLICATION

Application for: Variance Appeal

I. APPLICANT INFORMATION

Applicant's Name:

Street Address:

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail #: _____

II. OWNER INFORMATION

Property Owner's Name:

(Indicate if different than applicant or enter "same" if applicant is the owner.)

Street Address:

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail #: _____

* *If applicant is not the owner, an Owner's Consent form must accompany this application.*

III. SUBJECT PROPERTY INFORMATION

Tax Map#: _____

Premise Address:

Zoning District: _____

Existing Use: _____

Proposed Use: _____

FOR OFFICE USE ONLY

Application Accepted By: _____

Date: _____

Application #: _____ Fees Paid: Yes No

IV. GENERAL INFORMATION

Has a previous application been filed for a variance in connection with this property?

Yes No

If yes, please provide the date of application _____.

What code section of the zoning ordinance is the applicant seeking relief from as a result of a variance?

Chapter 70, Section _____ which pertains to _____

Is the subject property located within a flood district? Yes No

Is the subject property located within a Resource Protection Area? Yes No

Is the subject property located within an Overlay District? Yes No

If yes, please specify which one:

_____.

Has a Conditional Use Permit been issued for the existing/proposed use? Yes No

Are there any proffers associated with this property? Yes No

If yes, please provide a copy.

V. VARIANCE JUSTIFICATION

Please provide a narrative which specifies the reason(s) the above referenced variance(s) are necessary.

You may use additional sheets, if necessary.

Owner's Consent Form

I/We, the Owner(s) of the property listed below, hereby grant permission for the applicant, _____ to seek a _____ as requested in the Board of Zoning Appeals Application relating to property located at _____ on Assessor's Parcel(s) _____.

*

Date Signature

Printed Name

~ NOTARY ~

SUBSCRIBED & SWORN TO Before me this ____ day of _____,
_____.

Notary Public

My Commission Expires: _____