



Town of Shenandoah
426 First Street
Shenandoah VA 22849
(540) 652-8164

REQUEST FOR VARIANCE APPLICATION

ZONING APPEAL NO: _____

FEE: \$500.00

DATE: _____

DENSITY RANGE: _____

The applicant is the **OWNER** **OTHER (check one)**

OWNER'S Name _____

Address: _____

Phone: _____

OCCUPANT'S Name _____

Address: _____

Phone: _____

1. Address of property: _____

2. Size of property: _____

3. Tax Map number: _____

4. It is desired and requested that the property be varied FROM _____ feet _____ yard
TO _____ feet _____ yard setback.

5. It is proposed that the following buildings/additions will be constructed: _____

6. Property is currently zoned: _____

7. Applicant's additional comments, if any: _____

I (we) the undersigned do hereby certify that the above information is correct and true. I (we) further understand the Town of Shenandoah requires that I (we) pay all other fees associated with this request (i.e. advertisement, notice to adjacent property owners, fees for site-committee visit/report, etc.). I (we) further understand that if this application is approved, the Board of Zoning Appeals may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met.

Signature of Owner(s): _____

Signature of Owner(s): _____

SUBMIT NAMES AND COMPLETE MAILING ADDRESSES OF ALL ADJACENT PROPERTY OWNERS, INCLUDING ACROSS ANY STREET OR OF RIGHT-OF-WAY. (Continue on a separate sheet if necessary).

Names and address of owners can be provided by the Shenandoah Town Office.

1. OWNER'S Name _____

Address: _____

2. OWNER'S Name _____

Address: _____

3. OWNER'S Name _____

Address: _____

4. OWNER'S Name _____

Address: _____

5. OWNER'S Name _____

Address: _____

ADJOINING PROPERTY OWNER VERIFICATION:

As an applicant for this request, I _____ hereby acknowledge that I have faithfully and correctly provided names and complete mailing addresses of all adjoining property owners and those directly across the road or right-of-way. **I understand I am responsible for notification of this variance request to all adjacent property owners.** I further understand that failure to notify all adjoining property owners **will leave me liable** for additional costs and re-advertisement and notices mailed and that my request could be delayed until proper notification has been given to all adjoining property owners and those property owners across the road or right-of-way.

Date Signature of Applicant/Owner

OFFICE USE ONLY:

BOARD OF ZONING APPEALS

Dates public hearing was advertised: _____

Date of public hearing: _____

Action of Board of Zoning Appeals: APPROVED DENIED

Conditions, if any: _____

Chairman, Board of Zoning Appeals

NOTICE OF VARIANCE HEARING/REQUEST

(To be completed by applicant and provided to all adjacent property owners.)

DATE: _____

TO ADJOINING PROPERTY OWNERS OF:

Name of Property Owner _____

Address of Property _____

Tax Map No. _____

Please be advised that a public hearing will be held by the Town of Shenandoah Board of Zoning Appeals regarding a VARIANCE REQUEST on the above-listed property.

This Variance Request is due to the fact that the proposed construction of a _____ does NOT meet the required setbacks from the property line. Please find enclosed a map showing the approximate location of the proposed construction on this property.

For information regarding the time and date of the Public Hearing, please contact the Shenandoah Town Office at (540) 652-8164, 8:30 am to 5 pm, Monday through Friday (closed daily for lunch from 12 noon to 1 pm). The public will be invited to express their views at the public hearing.

Should you have any questions regarding my proposed construction please contact me at _____.

(Phone # of Applicant)

Thank you.