

FOR OFFICE USE ONLY AP # _____ SIGN # _____

ZONING ORDINANCE SECTION: _____

Fee Amount \$ _____ Date Paid _____ By who? _____ Receipt # _____ Ck# _____ By: _____

Application for Appeal of Zoning Administrator's Determination



Appeal of Zoning Administrator's Determination = \$364.00
Application \$350 + Technology surcharge \$14.00

Initial notice fee to be provided in conjunction with an application,
for preparing and mailing notices and published notice = \$235

**FEES for re-advertisement and notification of public hearing
after advertisement of a public hearing and
a deferral is made at the applicant's request**

Contact Person (Who should we call/write concerning this project?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Owner of Record _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Applicant (Who is the Contact person representing?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

**County of Albemarle Department of Community Development
401 McIntire Road Charlottesville, VA 22902 Voice: (434) 296-5832 Fax: (434) 972-4126**

Project Name: _____
Tax map and parcel: _____ Zoning: _____
Physical Street Address (if assigned): _____
Location of property (landmarks, intersections, or other): _____

The following information shall be submitted with the application and is to be provided by the applicant:

- 1) Completed application including subject of appeal.
- 2) Justification for applicant’s position, including error in Zoning Administrators determination. You may use the space below to provide this information or submit an attached sheet.
- 3) If applicable, a copy of the latest deed for the property involved, and the approved and recorded plat.
- 4) If applicable, the appropriate drawings showing all existing and proposed improvements on the property and any special conditions for the situation that may justify the appeal.
- 5) Reference to the relevant Zoning Ordinance section or other applicable regulations or case precedence to justify the appeal.
- 6) Appropriate fee made payable to the County of Albemarle.

Explanation of error in determination and justification of applicant’s position:

Owner/Applicant Must Read and Sign

I hereby certify that the information provided on this application and accompanying information is accurate, true and correct to the best of my knowledge and belief.

Signature of Owner or Contract Purchaser, Agent

Date

Print Name

Daytime phone number of Signatory

Board of Zoning Appeals Action/vote:
Board of Zoning Appeals Chairman's signature: _____ Date: _____