

FOR OFFICE USE ONLY		Variance Number:
Fee Amount: \$1063.68 <u>to be paid once the application is deemed complete</u>	Date Paid:	By:
Application \$592 + Technology Surcharge \$23.68 + Initial Notice Fee \$235		
Receipt #:	Check #:	By:

Applicant - Fill out the entire page below

Upload the completed document and all attachments/additional information to the Digital Submissions Page [HERE](#)

Name:		E-Mail Address:	
Mailing Address:		Phone #:	

Property Information

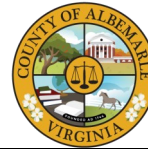
Tax Map and Parcel Number:	
Physical Address: (if applicable)	
Total Acreage:	
Zoning: (staff will fill out if unknown)	
Other Info/Notes: (if applicable)	
Owner of Record:	
E-Mail Address:	
Mailing Address:	
Phone #:	

REQUIRED ATTACHMENTS & OTHER INFORMATION TO BE PROVIDED for THE APPLICATION TO BE CONSIDERED COMPLETE AND OFFICIALLY SUBMITTED

<input type="checkbox"/>	One (1) copy of any and all plans or additional information.
<input type="checkbox"/>	One (1) copy of a recorded plat or boundary survey of the property. If there is no recorded plat or boundary survey, please provide legal description of the property and the Deed Book and page number or Plat Book and page number, or and any recent surveys of the property.
<input type="checkbox"/>	Drawings showing all existing and proposed improvements on the property, with all dimensions and distances to property lines, and any special conditions on the property that may justify the request.
<input type="checkbox"/>	Written description of your request (include dimensions, measurements or sizes in feet). <u>This is to also include evidence as noted on Page 2.</u>
<input type="checkbox"/>	As the owner/applicant I certify that any delinquent real estate taxes, nuisance charges, stormwater management utility fees, and any other charges that constitute a lien on the subject property, which are owed to the County of Albemarle and have been properly assessed against the subject property, <u>have been paid.</u>

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Z Variance



Albemarle County
Community Development
401 McIntire Rd, North Wing
Charlottesville, VA 22902
Phone 434.296.5832

Please be aware that the board shall grant a variance if the evidence shows:

That strict application of the terms of the ordinance **would unreasonably restrict the utilization of the property;**

That granting the variance would alleviate a **hardship due to**

a physical condition relating to the property or

due to improvements thereon at the time of the effective date of the ordinance; or

That granting the variance would alleviate a **hardship by granting a reasonable modification to a property or improvements thereon requested by, or on behalf of, a person with a disability**

and

All of the following:

Good faith acquisition and hardship not self-inflicted. The property interest for which the variance is being requested was acquired in good faith and any hardship was not created by the applicant for the variance.

No substantial detriment. Granting the variance will not be a substantial detriment to adjacent property and nearby properties in the proximity of that geographical area.

Condition of situation not general or recurring. The condition or situation of the property is not of so general or recurring a nature as to make reasonably practicable the formulation of a general regulation to be adopted as an amendment to the ordinance.

Use variance prohibited. Granting the variance does not result in a use that is not otherwise permitted on the property or a change in the zoning classification of the property.

Special use permit or special exception not available. The relief or remedy sought by the variance application is not available through a special use permit or special exception authorized by this chapter when the application is filed.

Please be aware that the evidence required above needs to be provided by the applicant and should be provided with the written description as noted on Page 1.

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Review cannot begin until the application is deemed complete and all applicable documents and fees are submitted.

Once an application is deemed complete, you will be contacted to pay the noted fees and a hearing before the Board of Zoning Appeals will be scheduled per the [published submittal and review schedule](#).

If you have any questions feel free to contact Zoning Staff at (434) 296-5832.

I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner in filing this application. If you are not the owner then you must complete the **CERTIFICATION THAT NOTICE OF THE APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER** on the last page. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge. By signing this application I am consenting to written comments, letters and or notifications regarding this application being provided to me or my designated contact via or email. This consent does not preclude such written communication from also being sent via first class mail.

Signature _____ Printed _____

Date _____

CERTIFICATION THAT NOTICE OF THE APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER

This form must accompany this zoning application if the application is not signed by the owner of the property.

I certify that notice of the application for, _____
[Name of the application type & if known the assigned application #]

was provided to _____
[Name(s) of the record owners of the parcel]

the owner of record of Tax Map and Parcel Number _____

by delivering a copy of the application in the manner identified below:

_____ Hand delivery of a copy of the application to _____
[Name of the record owner if the record owner is a person; if the owner of record is an entity, identify the recipient of the record and the recipient's title or office for that entity]

on _____
Date

_____ Mailing a copy of the application to _____
[Name of the record owner if the record owner is a person; if the owner of record is an entity, identify the recipient of the record and the recipient's title or office for that entity]

on _____ to the following address _____
Date

[Address; written notice mailed to the owner at the last known address of the owner as shown on the current real estate tax assessment books or current real estate tax assessment records satisfies this requirement].

Signature of Applicant

Print Applicant Name

Date