

Zoning Variance Application - Form 0400
Department of Planning and Community Development
P.O. Box 217, Independence, VA 24348 Voice -276-773-2471 Fax-276-773-3673 www.graysongovernment.com

Last Name,First																									
Mailing Address																									
City																	Stat	e				ZipCode			
Daytime Phone																	E-m	ail							
Property Owner If Different																	Tax	Ma	ap N	luml	oer				
911 Address/Site																	Acr	eag	je o	f Pa	rce	I			
City																	Stat	te				ZipCode			
A variance is an authorized deviation from certain zoning requirements because of special characteristics of the property, a hardship not generally shared by property holders in the same district or vicinity, and granted because the hardship prohibits reasonable use of the property. The Board of Zoning Appeals will evaluate the application to ensure that the application meets these criteria. If the applicant cannot show that they meet these criteria then a variance may not be granted. Please use the space below to comment on why your application meets this criteria.																									
A variance requires that a public hearing be held, that public notice be issued in the paper and that notices are sent to adjacent property owners. This informs the public of the variance request and allows them to issue comments. Variances must not be granted if the variance creates detriment to adjacent property or to the character of the zone district. Variances will run with the land and the property must have been acquired in good faith. Do you understand these requirements? If so please sign here:																									
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If the Board of Zoning Appeals grants the variance the applicant will be required to submit a zoning application for a zoning permit and acquire building permits when necessary. The variance will not allow a change in permitted uses of a zone district or create a rezone. A change in use or a zone change will require a Special Use Permit or a Rezone application.

It is the responsibility of the applicant to provide a site plan or legal survey of the property which accurately reflects the following characteristics. 1) Tax Map Number of lot on record in Grayson County 2) Parcel boundaries and relationship to adjacent parcels 3) Main access to the property, including street names and right of ways. Right of ways must show legal description and width reflected in feet. 4) General characteristics of the property including all structures existing and planned. 5) Other information which is deemed necessary for proper review. Please attach the site plan or survey to this application.

The Board of Zoning Appeals meets once a month. The application for a variance and a fee must be received in the Zoning Department at least three weeks prior to this meeting date to facilitate the public hearing notices in the paper. The fee for a variance is and must be paid before the application is processed. The next available meeting date to hear the application is The applicant will need to attend the Board of Zoning Appeals meeting. The decision of the Board of Zoning Appeals will be issued in writing. If the applicant wishes to appeal the decision of the Board of Zoning Appeals they must do so in accordance with State Code of Virginia, 1950. Do you understand these requirements? If so please sign here:

I certify that all information listed on this application is true and correct to the best of my belief and knowledge. Incorrect or misleading information provided by the applicant may invalidate any variances granted by Grayson County. By signing this application I grant permission for an agent of the Zoning Department to visit my site to prepare for the variance application on behalf of the Board of Zoning Appeals.

Date:	Signature (Property Ow	ner):
	OFFICE USE ONLY - Zoning Variance Ap	plication Form 0400 Revised 05/07/12
	OFFICE USE ONLT - Zonning Variance Ap	pheation - Porm 0400 - Revised 05/07/12
Zoning District:_		Property Ownership Review:

Subdivision Review: \_\_\_\_\_ Floodplain Review: \_\_\_\_\_

Application Complete: \_\_\_\_\_ Fee \$\_\_\_\_ Health Dept Review: \_\_\_\_\_

Fee Paid On: \_\_\_\_\_ Public Hearing Notices Sent: \_\_\_\_\_

Building Official Consulted: \_\_\_\_\_ Paper Notified: \_\_\_\_\_

Variance Permit Number: \_\_\_\_\_ Date: \_\_\_\_