



**Gloucester County Board of Zoning Appeals  
APPLICATION FOR VARIANCE**

V-\_\_\_\_-\_\_\_\_

**APPLICANT INFORMATION:**

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**PROPERTY INFORMATION:**

**E911 Address:** \_\_\_\_\_

**Tax Map/Parcel #:** \_\_\_\_\_ **Magisterial District:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Variance Requested:** (Check items that apply)

1. \_\_\_\_\_ **Variance from Property Line Setback Requirement**

(Example: If a 100 ft. rear setback is required and actual distance to property line from structure will be 40 feet, applicant needs to request a 60-foot variance from rear setback.)

\_\_\_\_\_ ft. variance from side yard setback (North, South, East, West)

\_\_\_\_\_ ft. variance from rear yard setback

\_\_\_\_\_ ft. variance from front yard setback

2. \_\_\_\_\_ **Variance from Required Lot Size**

Actual Lot Size \_\_\_\_\_ acres

Required Lot Size \_\_\_\_\_ acres

3. \_\_\_\_\_ **Variance from Parking Requirements**

\_\_\_\_\_ Spaces provided

\_\_\_\_\_ Spaces required

4. \_\_\_\_\_ **Variance from Height Requirements**

Maximum height of building \_\_\_\_\_ ft.

Requested height of building \_\_\_\_\_ ft.

5. \_\_\_\_\_ **Other** – Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**NOTE: A completed Conflict of Interest Form must be submitted for each applicant and each property owner.**

*Applications for variances may be made by any property owner, tenant, government official, department, board, or bureau. Such applications shall be made to the Zoning Administrator, who shall promptly transmit the application and accompanying maps, plans, and/or other information to the Secretary of the BZA – who shall in turn place the matter on the Board’s docket. The Zoning Administrator shall also transmit a copy of the application to the Planning Commission, which may send a recommendation to the BZA or appear as a party at the hearing. Within sixty (60) days of receipt of a completed application for a variance, and after public notice as required by §15.2-2204 of the Code of Virginia, the BZA shall hold a public hearing on the application for variance. Within thirty (30) days after the required public hearing, the BZA shall either approve or deny the application for variance.*

\*\*\*\*\*

**SUBMIT APPLICATION TO:** Gloucester County Department of Planning & Zoning  
County Office Building Two, 6489 Main Street, PO Box 329, Gloucester VA 23061 (804) 693-1224  
**APPLICATION FEE: \$275.00; Make check payable to Gloucester County; Payment is required with application and is NOT REFUNDABLE**

\*\*\*\*\*

**FOR STAFF USE ONLY:**

Case Number: \_\_\_\_\_ Date Application Received: \_\_\_\_\_  
Fee Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
Application Received By: \_\_\_\_\_

## Conflict of Interest Statement

In accordance with Section 14-22 of the Gloucester County Zoning Ordinance, I certify that my application for \_\_\_ variance, \_\_\_ zoning appeal, or \_\_\_ special exception is subject to the following:

Does any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition, either individually, or by ownership of stock in a corporation owning such land or partnership?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Does a member of the immediate household of any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes to either question above, please state:

Person's name: \_\_\_\_\_

Member of: \_\_\_\_\_

Nature of their interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information contained in this conflict of interest statement is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

CITY/COUNTY OF \_\_\_\_\_  
COMMONWEALTH OF VIRGINIA

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

Notary Registration Number: \_\_\_\_\_

My commission expires: \_\_\_\_\_

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Yes

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