



TOWN OF MIDDLEBURG

10 West Marshall Street, PO Box 187
Middleburg, Virginia 20118-0187
540-687-5152 FAX 540-687-3804

Application # BZA _____

APPLICATION BOARD OF ZONING APPEALS

Type Application: ☐ Variance ☐ Appeal of Determination ☐ Zoning Map Interpretation

Applicant Name: _____

Phone #: _____

Mailing Address: _____

email: _____

Affected Property Address: _____ Parcel #: _____

Subdivision Name: _____ Lot #: _____ Zoning District: _____

Property Owner Name: _____ Phone #: _____

Mailing Address: _____ email: _____

FOR VARIANCES:

Variance requested: _____

Zoning Ordinance section(s) involved: _____

Alleged special conditions: _____

Alleged hardship: _____

FOR ADMINISTRATIVE APPEALS / INTERPRETATIONS:

Appealing Decision by: _____ Date of Decision: _____

Zoning Ordinance section(s) involved: _____

Nature of alleged error: _____

ADDITIONAL MATERIALS TO INCLUDE:

☐ Consider including a detailed written description/justification of the request, along with any exhibits to support the request, such as plats, plans, photographs, etc.

(cont. on next page)

Acknowledgement of Responsibility

I acknowledge responsibility for all applicable fees per the Town's adopted fee schedule, which may include a base fee due at the time of application and additional fees to be billed later, regardless of the outcome of the request or appeal.

Applicant Signature: _____ Printed Name: _____

OFFICE USE ONLY

Date Filed: _____ Base Fee: _____ Date Paid: _____ Application #: **BZA** _____

Hearing Date: _____ Cont. Dates, (if applicable): _____

BZA Action: ☐ Approval ☐ Denied

Conditions: _____

Date of Action: _____ Recorded by: _____

Zoning Administrator