Town of Alexandria

Zoning Board of Appeals

Application For Variance Permit

Applicant's Name_____

Address_____

Phone Number(s)_____

Described Location and Boundaries_____

_____

Tax Map Parcel #_____

State Use Requested_____

_____

*Note: All applications must be accompanied by two (2) plot plans showing lot dimensions, structural dimensions, yard dimensions, and any other information required under Article VII of the Ordinance. Two (2) photos are also required showing the area involved. A ($50) application fee is required when this application is submitted.

PLEASE DRAW TO SCALE AND INCLUDE NORTH ARROW

I certify that the above information has been provided and the above statements are true and correct.

Date:_____

Owner:_____

Purchaser Under Contract_____

Contractor_____

FOR TOWN USE ONLY

Zoning District_____ Hearing Results: Granted_____Denied_____

239m Review Needed? Yes___No___ (A)Meets General Criteria? Yes_____ No_____

Favorable? Yes___No____ (B)Meets Specific Requirements? Yes_____No_____

Hearing Date _____ (C)Additional Conditions Required: Yes_____No_____

Date Notice Published:_____

Chairman's Signature_____ Date_____