

**TOWN OF WYTHEVILLE
APPLICATION FOR ZONING VARIANCE**

(*A fee of \$150.00 is required to be paid at the time of application. An invoice will be forwarded to the applicant for advertising fees, certified notices, etc.)

Name of applicant: _____
Street address of applicant: _____
Mailing address of applicant: _____
Phone number of applicant: _____

I (We) the above named applicant(s) request a variance in the zoning requirement relating to _____ of the Town of Wytheville Zoning Ordinance. The property is located on the _____ side of _____ between _____ and _____ more specifically described as lot _____ of _____ subdivision (or block), and in _____ zoning district. The explanation of undue hardship, which initiated this request, is as follows: _____

The owners of the above-described property are as follows:

- Same as applicant
 Other – provide information

Name: _____
Address: _____
Phone: _____

If property owner is other than the applicant, describe the relationship (i.e., have option on land, legal counsel, etc.) _____

Describe the intended purpose of the request and the improvements, which are proposed requiring a variance for this parcel of property: _____

I (We) certify the above information is true and correct.

Signature(s) _____ Date _____

INTERNAL USE ONLY

Date application and fees received: _____
Reference Section _____ of the _____ zone of the Zoning Ordinance.
Future land use zoning designation: _____
Publication dates for public hearing by Board of Zoning Appeals: _____
Date request was presented to Board of Zoning Appeals: _____
Date public hearing was conducted by Board of Zoning Appeals: _____
Date: _____ Variance granted Variance denied
Attachments: _____
Any conditions placed on variance: Yes No If yes, explain: _____

Chairman, Board of Zoning Appeals

Date