



TOWN OF WEST POINT
 COMMUNITY DEVELOPMENT DEPARTMENT
 P.O. BOX 152
 329 6th STREET
 WEST POINT, VA 23181
 (804) 843-3563 – phone (804) 843-4364 - fax
 www.west-point.va.us

VARIANCE APPLICATION

Date Submitted: _____

Permit # _____

APPLICANT INFORMATION	
Full Name of Property/Structure Owner	
Mailing Address of Owner	
City, State, Zip	
Phone Number/Home/Work/Cell	
Fax Number	
E-Mail Address	
Name of Applicant if Different from Property Owner	

PROPERTY/SITE INFORMATION	
Physical Address (If Known)	
General Location (Lot #, Subdivision, Street)	

TYPE OF VARIANCE (Check the appropriate box(s))	
<input type="checkbox"/> Setback	<input type="checkbox"/> Exceptional Shape or Size of Property
<input type="checkbox"/> Height/Bulk	<input type="checkbox"/> Parking Requirements

VARIANCE REQUESTED – Please site the specific section of the zoning ordinance:

GENERAL INFORMATION	
Zoning District	
Tax Parcel Identification Number(s)	
Overlay District(s)	

Date Lot Recorded	
Date Lot Surveyed (if applicable)	
Instrument Number	
Deed Book/Page Number	
Is the Lot a Corner Lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Owner of the Property Own any Adjacent Lots?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the strict application of the ordinance produce undue hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the hardship shared generally by other properties in the same zoning district and the same vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the authorization of the variance be of substantial detriment to adjacent property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the character of the district be changed by the granting of this variance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a survey or plat showing the following:

(Note: construction of a primary building on any site will require a survey performed by a license professional)

1. The dimensions and shape of parcel(s) to be built upon including the location of existing public and private streets;
2. The location and dimensions of existing primary and secondary buildings;
3. The location and dimensions of proposed structures, accessory buildings, or additions/alterations;*
4. Proposed front, rear, and side yard set back lines for all existing and proposed building or additions;

** Where applicable and depending on the type of facilities proposed, applicants will need to show the location of (1) existing public water and sewer facilities, including the point of connection to those facilities, or (2) proposed well and septic facilities, including the dimensions of primary and reserve drainfields.*

A variance granted by the Board of Zoning Appeals shall lapse and be of no effect if, after the expiration of one year from the date of such action by the board, no construction or change in use pursuant to such variance has taken place, provided that the board may, for good cause shown, specify a longer period of time in conjunction with its action to grant a variance or special exception.

I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge.

Applicant's Signature

Date

Owner's Signature

Date

DO NOT WRITE IN THE SPACE BELOW – OFFICE USE ONLY

DATE SUBMITTED: _____ TOTAL FEE: _____ DATE PAID: _____

Does the project constitute development/redevelopment within a CBPA? _____ RPA _____ RMA _____

DATE OF BOARD OF ZONING APPEALS PUBLIC HEARING: _____

BOARD OF ZONING APPEALS DECISION: APPROVED DENIED

COMMENTS: _____

APPROVED/DENIED

DIRECTOR OF COMMUNITY DEVELOPMENT

DATE