

**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