

**APPLICATION FOR THE  
BOARD OF ZONING APPEALS  
TOWN OF WARRENTON, VIRGINIA**

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION. APPLICATIONS AND FEES MUST BE RECEIVED THIRTY (30) DAYS IN ADVANCE, ON THE FIRST TUESDAY OF EACH MONTH. IF YOU HAVE QUESTIONS, PLEASE CONTACT THE DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT AT 540-347-2405.

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**APPLICANT INFO:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Day) \_\_\_\_\_

Email Address \_\_\_\_\_

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**PROPERTY INFORMATION:**

Subject Property Street Address \_\_\_\_\_  
\_\_\_\_\_

GPIN# \_\_\_\_\_ Zoning District \_\_\_\_\_

Is the property in the Historic District? \_\_\_\_\_

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This application has been requested for a (an):

a. Variance to Article \_\_\_\_, Section \_\_\_\_ of the Zoning Ordinance;

b. Appeal to a decision made by the Zoning Administrator.

Purpose of Application:

Please be very specific and describe and/or justify the nature of your request. It is recommended that you include this statement as a separate attachment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*continued on back*

**The Applicant must:**

1. Pay all fees pursuant to the following schedule:
  - Variance - \$250.00 plus the cost of advertising and property notice mailings.
  - Appeal of Administrative Decision - \$250.00 plus the cost of advertising and property notice mailings.
2. Be present, or have adequate representation, at the meeting. The Warrenton BZA meets on the first Tuesday of each month.
3. Provide all relevant information (i.e. – plans, pictures, plat) with this application.

*The undersigned declares that the above statements and those contained in any accompanying information to the Board of Zoning Appeals are true.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_