



BZA# _____
DATE _____

CITY OF WILLIAMSBURG
APPLICATION FOR BOARD OF ZONING APPEALS
401 Lafayette Street, Williamsburg, VA 23185-3617
(757) 220-6130 Fax (757) 220-6130

Owner(s):	
Address:	
Phone:	
Email:	
Application/Representative:	
Address:	
Phone:	
Email:	
Location of Request:	

ATTACH PLAT OR DETAILED DRAWING OF PROPERTY SHOWING EXISTING STRUCTURES, PROPOSED STRUCTURES, SET BACK LINES AND ENCROACHMENTS.

THE FOLLOWING REQUEST IS MADE TO THE BOARD OF ZONING APPEALS FOR:

- ☐ **AN APPEAL TO AN INTERPRETATION OF THE ZONING ORDINANCE, ZONING MAP, OR AN APPEAL OF AN ADMINISTRATIVE DECISION.**

Provide narrative statements describing the nature and purpose of the appeal and specifying the action requested of the Board of Zoning Appeals.

- ☐ **A VARIANCE RELATING TO _____**

Provide narrative statements demonstrating that the requested variance meets each of the following tests:

1. The property was acquired in good faith.
2. Narrowness, shallowness, topographic conditions, size of the property or shape of the property at the time of the effective date of the Zoning Ordinance or use/development of the property immediately adjacent creates a hardship.
3. The strict application of the terms of the ordinance would effectively prohibit or unreasonably restrict the use of the property.
4. The above described hardship does not result from the actions of the owner(s).
5. The degree of variance requested is the minimum needed to remove the hardship. If not, why is more needed?
6. Granting the variance would not adversely impact adjacent properties.

- ☐ **A SPECIAL EXCEPTION FOR _____**

Provide narrative statements demonstrating that the requested special exception meets each of the following requirements:

1. It is designed, constructed and operated to adequately safeguard the health, safety and welfare of the occupants of the adjoining and surrounding property.
2. It does not unreasonably impair an adequate supply of light and air to adjacent property.
3. It does not increase public danger from fire or otherwise unreasonably restrict public safety.
4. It does not impair the established property values in surrounding areas.

Initials _____

BZA# _____
DATE _____

I/We, respectfully request that a determination be made by the Board of Zoning Appeals for the above-noted request which is true to the best of my/our knowledge and belief.

Signature of Owner(s)

Date

Sworn before me this _____ day of _____, _____.

Notary

My Commission Expires

FOR OFFICE USE ONLY

TAX MAP NUMBER: _____ ZONING: _____

DATE OF PUBLIC HEARING: _____ NOTICES MAILED: _____
(SEE ATTACHED SHEET FOR PERSONS NOTIFIED)

DECISION:

THE DECISION OF THE BOARD OF ZONING APPEALS MAY BE APPEALED TO THE CIRCUIT COURT WITHIN 30 DAYS AFTER THE FINAL DECISION OF THE BOARD.

ZONING ADMINISTRATOR

DATE

May, 2024

[FORMS\BZA APPLICATION FORM]