

**RICHMOND BOARD OF ZONING APPEALS APPLICATION FORM**



**THE RICHMOND ZONING ADMINISTRATION OFFICE  
ROOM 110, CITY HALL, 900 EAST BROAD STREET  
RICHMOND, VIRGINIA 23219  
(804) 646-6340**

**TO BE COMPLETED BY THE APPLICANT**

<b>PROPERTY</b> _____	<b>PHONE: (Home)</b> ( ) _____ <b>(Mobile)</b> ( ) _____
<b>OWNER:</b> _____	<b>FAX: (Home)</b> ( ) _____ <b>(Mobile)</b> ( ) _____
<b>(Name/Address)</b> _____	<b>E-mail Address:</b> _____
<b>OWNER'S</b> _____	<b>PHONE: (Home)</b> ( ) _____ <b>(Mobile)</b> ( ) _____
<b>REPRESENTATIVE</b> _____	<b>FAX: (Home)</b> ( ) _____ <b>(Mobile)</b> ( ) _____
<b>(Name/Address)</b> _____	<b>E-mail Address:</b> _____
_____	

**TO BE COMPLETED BY THE ZONING ADMINISTRATION OFFICE**

**PROPERTY ADDRESS (ES):** \_\_\_\_\_

**TYPE OF APPLICATION:**     **VARIANCE**             **SPECIAL EXCEPTION**     **OTHER** \_\_\_\_\_

**ZONING ORDINANCE SECTION NUMBER(S):** \_\_\_\_\_

**APPLICATION REQUIRED FOR:** \_\_\_\_\_

**TAX PARCEL NUMBER(S):** \_\_\_\_\_                      **ZONING DISTRICT:** \_\_\_\_\_

**REQUEST DISAPPROVED FOR THE REASON THAT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE REQUEST DISAPPROVED:** \_\_\_\_\_                      **FEE WAIVER:**  **YES**     **NO**

**DATE FILED:** \_\_\_\_\_ **TIME FILED:** \_\_\_\_\_ **PREPARED BY:** \_\_\_\_\_ **RECEIPT NO.** \_\_\_\_\_

**AS CERTIFIED BY:** \_\_\_\_\_ **(ZONING ADMINSTRATOR)**

**I BASE MY APPLICATION ON:**

**SECTION 17.20 PARAGRAPH(S)** \_\_\_\_\_ **OF THE CHARTER OF THE CITY OF RICHMOND**

**SECTION 15.2 -2309.2**  **OF THE CODE OF VIRGINIA**                      **[OR]**

**SECTION 1040.3 PARAGRAPH(S)** \_\_\_\_\_ **OF THE ZONING ORDINANCE OF THE CITY OF RICHMOND**

**TO BE COMPLETED BY APPLICANT**

I have received the handouts, *Suggestions for Presenting Your Case to the Board & Excerpts from the City Charter*

I have been notified that I, or my representative, must be present at the hearing at which my request will be considered.

**SIGNATURE OF OWNER OR AUTHORIZED AGENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\* TO BE COMPLETED BY THE SECRETARY TO THE BOARD OF ZONING APPEALS \*\*\***

**CASE NUMBER:** \_\_\_\_\_ **HEARING DATE:** \_\_\_\_\_ **AT** \_\_\_\_\_ **P.M.**