

Reset Form

Print Form



COMMONWEALTH OF VIRGINIA  
COUNTY OF FLUVANNA  
Board of Zoning Appeals  
Interpretation of District Map

Owner of Record: \_\_\_\_\_ Applicant of Record: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Note: If applicant is anyone other than the owner of record, written authorization by the owner designating the applicant as the authorized agent for all matters concerning the request shall be filed with this application.**

I/We, being duly sworn, depose and say that we are Owner/Contract Owner of the property involved in this application and that we have familiarized ourselves with the rules and regulations of the Zoning Ordinance with respect to preparing and filing this application, and that the foregoing statements and answers provided herein are in all respects true and correct to the best of my (our) knowledge.

Date: \_\_\_\_\_ Signature of Owner/Applicant: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

I/Applicable Code Section 22-18-2(d) of The Fluvanna County Code - "To hear and decide applications for interpretation of the district map where there is any uncertainty as to the location of a district boundary. After notice to the owners of the property affected by any such question, and after public hearing with notice as required by Section 15.2-2044 of the Code of Virginia, the board may interpret the map in such way as to carry out the intent and purpose of the ordinance for the particular section of district in question. The board shall not have the power to change substantially the locations of district boundaries as established by ordinance."

Affected property Tax Map Parcel numbers: \_\_\_\_\_

Owners of affected parcels: \_\_\_\_\_

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

OFFICE USE ONLY	
\$50 Fee Paid: _____	Public Hearing Sign \$90 Paid: _____
Date Received: _____	BZA Hearing Date: _____
Zoning Administrator Determination of District Classification for subject parcel: _____	
Disposition: _____	By Authority of: _____



COMMONWEALTH OF VIRGINIA  
COUNTY OF FLUVANNA  
**Public Hearing Sign Deposit**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby certify that the sign issued to me is my responsibility while in my possession. Incidents which cause damage, theft, or destruction of these signs will cause a partial or full forfeiture of this deposit.

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

\*Number of signs depends on number of roadways property adjoins.  
\_\_\_\_\_

OFFICE USE ONLY	
Application #: BZA _____ : _____ CPA _____ : _____ SUP _____ : _____ ZMP _____ : _____ ZTA _____ :	
\$90 deposit paid per sign*:	Approximate date to be returned: