



**COMMONWEALTH OF VIRGINIA  
COUNTY OF FLUVANNA  
Variance Application (BZA)**

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

E911 Address: \_\_\_\_\_ E911 Address: \_\_\_\_\_

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

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

**Representative:** \_\_\_\_\_ **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.**

E911 Address: \_\_\_\_\_

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

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

**Tax Map and Parcel(s):** \_\_\_\_\_ **Deed Book Reference:** \_\_\_\_\_

**Acreage:** \_\_\_\_\_ **Zoning:** \_\_\_\_\_ Deed Restrictions?  No  Yes (Attach copy)

E911 Address of Parcel: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Request for a variance from Section \_\_\_\_\_ of the Fluvanna County Code in respect to the requirement for \_\_\_\_\_ in order to build \_\_\_\_\_

Fill in only the line(s) that apply to your request(s)	Applicant has	Code requires or permits	Variance requested
Total Area			
Lot Width			
Front yard setback			
Minimum side yard setback			
Total side yard setback			
Rear yard setback			
Public road frontage			
Other (write in)			

Two copies of a plan must be submitted, showing size and location of the lot, dimensions and location of the proposed building, structure or proposed use, and the dimensions and location of the existing structures on the lot.

By signing this application, the undersigned authorizes entry onto the property by County employees, the Planning Commission, the Board of Supervisors, and the Board of Zoning Appeals during the normal discharge of their duties in regard to this request.

**All plats must be folded prior to submission to the Planning Department. Rolled plans will not be accepted.**

Owner/Applicant Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_ Owner/Applicant Signature \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ PH Sign Deposit Received: \_\_\_\_\_ Application #: **BZA** \_\_\_\_\_ :

\$550 plus mailing cost and fee paid: \_\_\_\_\_ **Mailing Costs:** \$20.00 Adjacent Property Owner (APO) after 1st 15, Certified

Election District: \_\_\_\_\_ Planning Area: \_\_\_\_\_

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Zoning Administrator:** \_\_\_\_\_

Fluvanna County Department of Planning & Community Development \* Box 540 \* Palmyra, VA 22963 \* (434)591-1910 \* Fax (434)591-1911

This form is available on the Fluvanna County website: [www.fluvannacounty.org](http://www.fluvannacounty.org)



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:

**IMPROVEMENTS PROPOSED**

Describe the improvements proposed. State whether new buildings or structures are to be constructed, existing buildings or structures are to be used, or additions made to existing buildings or structures.

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**SPECIAL CONDITIONS**

Relate here the special conditions or circumstances (topography, soil type, shape of property) peculiar to the above described land, building, or structure or to the intended use or development of the land, building or structure involved that do not apply generally to other property in the same district.

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**UNNECESSARY HARDSHIP**

Describe here how the literal interpretation and enforcement of Section \_\_\_\_\_ of the Zoning Ordinance would effectively prohibit or unreasonably restrict the use or intended use or development of the properties involved by the applicant.

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**ADJACENT PROPERTY**

Describe the effects of this variance on adjacent property and the surrounding neighborhood. How will adjoining property owners be protected.

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**PLAN**

Furnish plot plan showing boundaries and dimensions of property, width of abutting right-of-ways, location and size of buildings and structures on the site, roadways, walks, off-street parking and loading space, landscaping and the like. (Architect's sketches showing elevations of proposed buildings and structures and complete plans are desirable and may be required with the application if available.)

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