



TOWN OF MIDDLEBURG BOARD OF ZONING APPEALS



10 West Marshall Street, PO Box 187
Middleburg, Virginia 20118-0187
540-687-5152 FAX 540-687-3804

Application # BZA _____

Type of Application: Variance Appeal of Determination or Zoning Map Interpretation

Applicant Name(s): _____
Mailing Address: _____ Phone #: _____
Site Address: _____ Parcel #: _____
Subdivision Name: _____ Lot #: _____ Lot Size: _____

FOR VARIANCES:

Variance requested: _____
Alleged special conditions: _____
Alleged hardship: _____

(Attach additional statement of justification, if necessary)

FOR ADMINISTRATIVE APPEALS:

Appealing Decision by: _____ Date of Decision: _____
Zoning Ordinance &/or Map section(s) involved: _____
Nature of alleged error: _____

(Attach additional statement of justification, if necessary)

I am the owner of the aforesaid property.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Date of Acceptance: _____ Fee Paid: _____ Hearing Date: _____
Approved: _____ Denied: _____ Continuance: _____

Conditions of Approval: _____

Date Decision Filed: _____ Recorded by: _____
Zoning Administrator