



A variance in the yard and lot area requirements in any district as to relieve practical difficulties or particular hardships in cases where by reason of exceptional narrowness, shallowness, size or shape of a specific piece of property at the time of the effective date of this chapter or where by reason of exceptional topographic conditions or other extraordinary situation or condition of such piece of property, or the use or development of property immediately adjacent thereto, the strict application of the terms of this chapter would effectively prohibit or unreasonably restrict the utilization of the property.

PROPERTY INFORMATION

 Property Address Tax Map Parcel/ID

PROPERTY OWNER INFORMATION

 Property Owner Name Telephone

 Mailing Address E-Mail

 City State Zip

APPLICANT INFORMATION (IF DIFFERENT FROM PROPERTY OWNER)

 Applicant Name Telephone

 Mailing Address E-Mail

 City State Zip

VARIANCE REQUESTED

Nature of Request (e.g. lot area, lot width, setback):	Code Section	Variance Requested

REQUIRED ATTACHMENTS

- Plat of the property drawn to scale showing all dimensions and the relation of the proposed improvement to existing or proposed conditions. The plat must be prepared by a surveyor, engineer, or other person duly authorized by the State of Virginia.

Certification: *I certify that the information supplied on this application and on the attachments provided (maps and other information) is accurate and true to the best of my knowledge. In addition, I hereby grant permission to the agents and employees of the City of Harrisonburg to enter the above property for the purposes of processing and reviewing this application. I also understand that, when required, public notice signs will be posted by the City on any property.*

Signature:

_____ *Property Owner*

_____ *Date*

Signature:

_____ *Applicant*
(if different from Property Owner)

_____ *Date*

FOR BOARD OF ZONING APPEALS USE ONLY

Approved

Denied

Conditions Attached

Withdrawn

Recording Secretary

Date:

Chairman

Date:

CERTIFICATION

By signing below, I certify that I am, or I have the permission from, the property owner and I will be operating a short-term rental at the address listed above. I certify that all the information on this form is complete and correct to the best of my knowledge and belief. I understand that not maintaining compliance with this form when short-term rental guests are present is a violation of the condition of the approval of the short-term rental special use permit. I also understand that the completion of this form only addresses Zoning requirements and that the property may require building and trade permits for compliance with the Building Code.

APPLICANT OR PROPERTY OWNER SIGNATURE

DATE

TO BE COMPLETED BY PLANNING & ZONING DIVISION

Date Form Received

Form Received By
Application Fee: \$300