

DATE APPLICATION RECEIVED: _____

CASE NO. _____

Application for an Appeal City of Harrisonburg, Virginia

Fee: \$275.00

Total Paid: \$ _____

Applicant's Name: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Telephone: Work _____ Fax _____ Mobile _____

DESCRIPTION OF PROPERTY (IF APPLICABLE):

Location (Street Address): _____

Tax Map Number Sheet: _____ Block: _____ Lot: _____

Existing Zoning Classification: _____

THE FOLLOWING ACTION IS REQUESTED:

1. An interpretation of Article _____ Section _____ of the Harrisonburg Zoning Ordinance.
2. An interpretation of the Zoning Ordinance Map.
3. An appeal of an administrative decision.

THE APPLICANT SHALL PROVIDE THE FOLLOWING INFORMATION:

A letter from the applicant stating the nature of the appeal. If appropriate, attach supporting materials such as a site plan, topographic map, drainage map, utility easement, building elevation, etc.

PLEASE LIST NAMES AND ADDRESSES OF OWNERS OR OCCUPANTS OF ALL ADJACENT PROPERTY OR PROPERTY ACROSS A ROAD, HIGHWAY AND/OR RAILROAD RIGHTS-OF-WAY (If there are additional property owners, add another sheet of paper):

Name:	Mailing Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant Date

FOR BOARD OF ZONING APPEALS USE ONLY!

___ APPROVED ___ DENIED ___ CONDITIONS ATTACHED ___ WITHDREW

Recording Secretary _____ **Date:** _____

Chairman _____ **Date:** _____