LOUDON COUNTY
BOARD OF ZONING APPEALS REQUEST APPLICATION

Verified by_____(intials)

Date Received_____

Name of Applicant	Address of Applicant
Home Phone	Work Phone

Applicant is: (Circle One) Owner Agent

Address of Property	Tax Map	Group	Parcel No.	Zoning District

Type of request:

_____Special Exception _____Variance-Type Frontyard _____
Sideyard _____
Rearyard _____
Lot Size _____

Explain the circumstances warranting the need for a special exception/variance request:

_____

_____

_____

In making this request the applicant certifies that the information given is, to the best of his/her knowledge, true and accurate. The applicant certifies that he/she has the legal authority to request consideration of the varianc/special exceptionfor thes property. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact, either with or without intention on his/her part, shall constitute sufficient grounds for denial of this request.

Signature of Owner _____
Date _____
Signature of Applicant(if different) _____

BOARD OF ZONING APPEALS ACTION

Date Petition Heard: _____

Approved: _____ Approved Subject to Conditions: _____

_____

Denied: _____ Reason Denied:_____

_____

_____Chairman, Board of Zoning Appeals