



LANCASTER COUNTY, VIRGINIA
Department of Planning and Land Use
Application for
Zoning Ordinance Variance

Tax Map Number: _____ Zoning District: _____ Date: _____

Applicant Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Variance requested for Section _____ of the Zoning Ordinance.

Location of Property: _____

Description of Property: _____

Nature of Variance Requested: _____

Reason for Variance: _____

Signature of Applicant: _____

FOR USE BY THE BOARD OF ZONING APPEALS ONLY:

Number: _____ Hearing advertised on _____ & _____ Hearing Date: _____

Decision of the BZA: _____

Reasons: _____

FEE: \$400.00