



**P.O. Box 420
510 Seventh Street
Altavista, VA 24517
Phone (434) 369-5001
Fax (434) 369-4369**

APPLICATION FOR APPEAL To the Board of Zoning Appeals

Applicant Information

Name: _____ Phone Number: _____

Address: _____

Request is hereby made by the applicant or undersigned owner of an appeal of the any decision of the zoning administrator or from any order, requirement, decision or determination made by any other administrative officer in the administration or enforcement of this chapter, Chapter 86 of the Town's Zoning Ordinance of The Code of the Town of Altavista, Virginia 2002.

Purpose of Request:

Describe in detail the decision being appealed: (Use additional space on the back if necessary)

What is the basis for the appeal: (If applicable provide code sections that confirm the basis of the appeal)

Provide any additional information felt necessary to inform the Board of the basis for the appeal:

If the appeal is in reference to a specific parcel of land please provide the address and current zoning classification:

(Use back of page if additional space is required)

Signature: _____

Date: _____

A Non-refundable application fee due when the application is submitted is \$300 and is applied to the cost of advertising, administrative expense, first class postage, appropriate signage, and processing this application. Please make your check or money order payable to the **TOWN OF ALTAVISTA.**

OFFICE USE ONLY

CASE NO: _____ TAX MAP NO: _____

DATE RECEIVED: _____ REFERRED TO BZA: _____

REFERRED TO PLANNING COMMISSION: _____

NOTICES OF PUBLIC HEARINGS TO ADJACENT PROPERTY OWNERS

NUMBER OF PIECES MAILED: _____

DATE MAILED: _____ CERTIFIED: _____ 1ST CLASS: _____

PUBLIC HEARINGS

BZA DATE: _____

ACTION TAKEN

BZA UPHOLDS STAFF DECISION: _____

BZA OVERRULES STAFF DECISION: _____

If overruled: Conditions of Decision: _____

DATE: _____