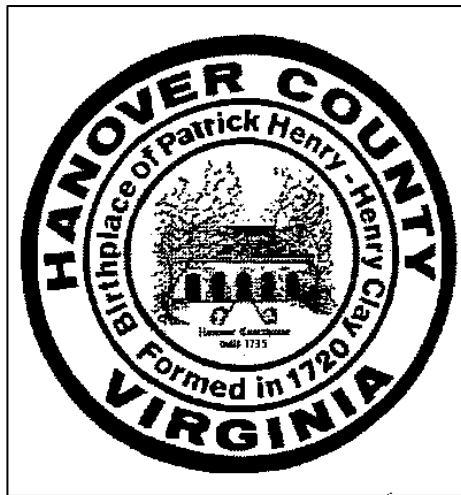


## Application and Procedures for

# VARIANCES

\*\*See Page 6 for Fee Submittal Procedure



County of Hanover Department of Planning

7516 County Complex Road  
P.O. Box 470  
Hanover, VA 23069  
(804) 365-6171 (804) 365-6540  
[www.co.hanover.va.us](http://www.co.hanover.va.us)

Revised February 2010

# Procedures for Variance Applications

## **Preapplication Meeting (Optional)**

- The applicant should consider scheduling a meeting with the Planning staff prior to submitting an application. It is helpful to bring a sketch plan to this meeting to show the proposed changes to occur on the property. The staff can then make suggestions concerning the sketch that may help make the application process easier.

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## **Application Submittal**

- Application submittal shall include a completed application form, a survey plat showing all proposed changes to occur on the property including all of the dimensions of the lot and existing or proposed structures on the lot. Following acceptance of the application, the applicant will be notified to submit the appropriate fee. The required fee must be submitted by the Tuesday the week following the application deadline. (See Page 6) The fee is non-refundable once the case is advertised.
- Application Deadline is the first Monday of every month
- Application is officially accepted or not accepted within 3 days of Application Deadline.

|

## **Staff Review of Application**

- The staff will review the application to verify its completeness and will notify the applicant if any items have been omitted. Any missing information can delay the processing of an application.
- The staff will visit the subject property as part of their review of the application.
- The staff then prepares a staff report that includes the staff recommendation. This report is sent to the members of the Board of Zoning Appeals for consideration approximately one week prior to the public hearing.

|

## **Board of Zoning Appeals (BZA) Public Hearing**

- All variance public hearings before the Board of Zoning Appeals (BZA) are advertised in the local newspaper.
- The applicant is notified by letter of the date of the BZA meeting.
- The applicant shall appear at a public hearing before the BZA on the second Tuesday of the month following application. The staff shall present their report on the variance application to the BZA. The BZA may ask questions to clarify any concerns they may have. The BZA will also accept testimony from both proponents and opponents of the proposal. The BZA will then try to resolve any outstanding questions before taking action. They may then vote to approve, approve with conditions, deny, table, or defer the application.

|

## **Board of Zoning Appeals Action**

- The staff notifies the applicant of the decision of the Board of Zoning Appeals by letter.
- Should the case be denied, the Board of Zoning Appeals shall not consider substantially the same variance application within one year after the date of denial of the application.

## Hanover County Planning Department Application

### Request for a VARIANCE

Please type or print using **black ink**.

Case #: \_\_\_\_\_

#### APPLICANT INFORMATION

Applicant _____ Address _____ _____	Telephone _____ Fax _____ Email Address _____ _____
Owner _____ Address _____ _____	Telephone _____ Fax _____ Email Address _____ _____
Contact _____ Address _____ _____	Telephone _____ Fax _____ Email Address _____ _____

#### PARCEL INFORMATION

GPIN (Tax Parcel Number): _____ Current Zoning: _____ Rezoning Case No. (if applicable): _____ Magisterial District: _____ Lot Area (Acres/ Sq.Ft.): _____	Deed Book _____ Page _____ Property Location: _____ _____ (Example: West side of US Rt. 1, approximately 100' south of Rt. 738) If variance is granted, is subdivision approval necessary? Yes [ ] No [ ]
--	---

#### SIGNATURE OF OWNER OR AUTHORIZED AGENT

As Owner of this property or authorized Agent, I hereby certify that this application is complete and accurate to the best of my knowledge, and I authorize County representatives entry onto the property for purposes of reviewing this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**EXPLANATION (attach additional pages, if necessary)**

1) State, in your opinion, any undue hardship. (Do not include financial hardships.) Describe how applying the standards of the Hanover County Zoning Ordinance causes the stated excessive hardship.

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2) Describe and/or show the topography or other unique conditions of the site that are not generally shared by other properties in the same zoning district and vicinity.

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3) Will the granting of this variance have a negative impact to neighboring properties or will the character of the zoning district be changed? Please explain.

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**STATE CODE PROVISIONS FOR A VARIANCE**

**The undersigned has read and understands the following statement (Section 15.2-2309.2 of the Code of Virginia):**

“When a property owner can show that his property was acquired in good faith and where by reason of the exceptional narrowness, shallowness, size, or shape of a specific piece of property at the time of the effective state of the ordinance, or whereby reason of exceptional topographic conditions or other extraordinary situation or condition of the piece of property, or of the condition, situation, or development of property immediately adjacent thereto, the strict application of the terms of the ordinance would effectively prohibit or unreasonably restrict the utilization of the property or where the board is satisfied, upon the evidence heard by it, that the granting of the variance will alleviate a clearly demonstrable hardship, as distinguished from a special privilege or convenience sought by the applicant, provided that all variances shall be in harmony with the intended spirit and purpose of the ordinance. The Board of Zoning Appeals is authorized to grant a variance only if a finding is made that: “ i) the strict application of the ordinance would produce undue hardship; ii) such hardship is not shared generally by other properties in the same zoning district and the same vicinity; and iii) the authorization of the variance will not be of substantial detriment to adjacent property and the character of the zoning district will not be changed by the granting of the variance.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXCEPTION REQUEST (ATTACH ADDITIONAL PAGE, IF NECESSARY)**

Applicant is requesting a variance to Title I, Article \_\_\_\_\_, Section(s) \_\_\_\_\_ of the Zoning Ordinance. Identify below the specific requirements of the Zoning Ordinance, as well as the exception being requested. Only complete the parts of this table that are applicable to you. (The Planning Staff is available to assist with the following requested, if needed.)

<b>Applicant Has:</b> (Example: The existing setback from the house to the side property line is <u>23 feet</u> .)	<b>Ordinance Requirement:</b> (Example: The required side yard setback in the A-1 zoning district is <u>25 feet</u> .)	<b>Variance Request:</b> (Subtract the existing setback from the required setback.)
Front Yard _____	Front Yard _____	Front Yard _____
Side Yard Total _____	Side Yard Total _____	Side Yard Total _____
Side Yard _____	Side Yard _____	Side Yard _____
Rear Yard _____	Rear Yard _____	Rear Yard _____
Total Area _____	Total Area _____	Total Area _____
Width _____	Width _____	Width _____
Depth _____	Depth _____	Depth _____
Frontage _____	Frontage _____	Frontage _____
Height _____	Height _____	Height _____
Number _____	Number _____	Number _____
Access Width _____	Access Width _____	Access Width _____

**ATTACHMENTS**

Use this checklist to make sure that your application is complete and will be accepted for processing and review. Failure to include all the necessary information for a complete application will result in the application not being accepted for processing until it is completed. The staff will use this checklist to make sure that the application is complete when it is turned in to the Planning Department.

Yes	No	Staff:	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**ACKNOWLEDGEMENT OF APPLICATION FEE PAYMENT PROCEDURE**

Application fees are not accepted at the time of submittal. I hereby acknowledge that this application is not complete until the payment for all applicable application fees has been received by the Hanover County Planning Department. The Hanover County Planning Department shall notify me by mail (at the address listed below) of the applicable fee(s) at such time that they determine that the application is complete and acceptable. I acknowledge that I am responsible for ensuring that such fees are received by the Hanover County Planning Department by the Tuesday the week following the Application Deadline Day. I further acknowledge that any application fee submitted after this date shall result in the application being considered filed for the next Application Deadline.

Should the applicable fees not be submitted within forty-five (45) days of the date of the notification letter, it shall be my responsibility to arrange for the retrieval of all application materials. The application and any supplementary materials for incomplete applications that are not retrieved within forty-five (45) days of the date of the notification letter shall be destroyed by the Hanover County Planning Department.

Should my application be accepted, my fee payment will be due by \_\_\_\_\_. (To be filled in by a Planning Staff member.)

Signature of applicant/authorized agent \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

Signature of applicant/authorized agent \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

Address to which notification letter is to be sent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like your letter emailed and/or faxed, please make selections, and provide the information below:  
 Email \_\_\_\_\_  Fax \_\_\_\_\_

**FEES**

Make checks payable to Treasurer, Hanover County:

Application fee	\$600
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**FOR STAFF USE ONLY:**

Fee: \_\_\_\_\_

Accepted by: \_\_\_\_\_

HTE #: \_\_\_\_\_