



**Bedford County**  
 Department of Community Development  
 Division of Planning  
 122 E. Main Street, Suite G-03  
 Bedford, VA 24523  
 (540) 586-7616 • Fax (540) 586-2059  
 www.bedfordcountyva.gov/planning

<i>For staff use only</i>	
<i>Date received:</i>	<i>Received by:</i>
<i>Fee Paid: \$</i>	<i>BZA Date:</i>
<i>Application No.:</i>	
<i>Project No.:</i>	

## Application for Variance

**GENERAL INFORMATION:**

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Section 30-24: The Board of Zoning Appeals shall have the power and duty to authorize (upon appeal or original application in specific cases) a variance from the terms of the Zoning Ordinance that will not be contrary to the public interest when a literal enforcement of the ordinance will result in unnecessary hardship.

Applications for variances may be made by any property owner, tenant, government official, department, board or bureau of the county. No such application shall be heard except after notice and hearing as provided by Section 15.2-2204 of the Code of Virginia, as amended.

**APPLICATION PROCEDURE:**

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- **Consultation with Planning Staff:** You are required to meet with a planner to discuss feasibility of request prior to submission.
- **Application Submittal:** Submittal shall include a completed application and a survey of the property showing requested changes. The application fee is due upon submittal.
- **Staff Review of the Application:** Staff will review the application for completion and notify the applicant of any necessary correction(s). Staff will also visit the site as part of the review and prepare a report for the Board of Zoning Appeals.
- **Board of Zoning Appeals:** The Board of Zoning Appeals (BZA) will hold a public hearing and review the application in order to make a decision to uphold, reverse, table or defer the application. The BZA will request the applicant be present and may ask questions of the applicant and those speaking at the public hearing (proponents or opponents).
- A decision of the BZA may be appealed to the Circuit Court. The appeal may be made by the applicant, a citizen or an officer of the County. Any appeal to the Circuit Court must be filed with that Court within 30 days of the BZA action.

**Please make sure the following items are included BEFORE the application is submitted:**

- Staff Consultation:** The applicant is required to meet with a staff member to discuss the variance process and feasibility of the request prior to submission.
- Application Fee:** \$200.00 (checks made payable to Bedford County). Applicant is also responsible for the costs of all public notifications including mailings and legal advertisements.

The applicant and Planning Staff Attendant have met and reviewed the requirements for this variance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



# Bedford County

## Application for Variance

Please print in blue or black ink or typewrite. If not applicable, write N/A.

### APPLICANT INFORMATION

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Contact for Variance:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPERTY INFORMATION

**Tax Map Number(s):** \_\_\_\_\_

**Deed Book:** \_\_\_\_\_ **Page:** \_\_\_\_\_

**Survey of Property Available?** \_\_\_\_\_

**Current Zoning:** \_\_\_\_\_ **Current Land Use:** \_\_\_\_\_

**Overlay District (if applicable):** \_\_\_\_\_ **Magisterial District:** \_\_\_\_\_

**Election District:** \_\_\_\_\_

**Potable Water Source:** \_\_\_\_\_ **Sewer System:** \_\_\_\_\_

**Directions to the property upon which the variance is being filed** (directions from Bedford County Administration Building): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please describe the purpose for this request (attach additional sheets if necessary).** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicable Zoning Ordinance Section(s):** \_\_\_\_\_

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**JUSTIFICATION FOR VARIANCE**

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Please answer the following (attach additional sheets if necessary).

**1. The strict application of the ordinance would effectively prohibit or unreasonably restrict the use of the property.**

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

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

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**CERTIFICATION**

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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.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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