RICHMOND BOARD OF ZONING APPEALS APPLICATION FORM



THE RICHMOND ZONING ADMINISTRATION OFFICE ROOM 110, CITY HALL, 900 EAST BROAD STREET RICHMOND, VIRGINIA 23219 (804) 646-6340

TO BE COMPLETED BY THE APPLICANT	
PROPERTY	PHONE: (Home) () (Mobile) ()
OWNER:	FAX: (Home) () (Mobile) ()
(Name/Address)	E-mail Address:
OWNER'S	PHONE: (Home) () (Mobile) ()
REPRESENTATIVE	FAX: (Home) () (Mobile) ()
(Name/Address)	E-mail Address:
TO BE COMPLETED BY THE ZONING ADMINSTRATION OFFICE	
PROPERTY ADDRESS (ES):	
TYPE OF APPLICATION:	☐ SPECIAL EXCEPTION ☐ OTHER
ZONING ORDINANCE SECTION NUMBERS(S):	
APPLICATION REQUIRED FOR:	
TAX PARCEL NUMBER(S):	ZONING DISTRICT:
TAA TARCEL NUMBER(S).	ZOMNG DISTRICT.
REQUEST DISAPPROVED FOR THE REASON THAT:	
DATE REQUEST DISAPPROVED: FEE WAIVER: YES NO	
DATE FILED: TIME FILED: PREPARED BY: RECEIPT NO	
AS CERTIFIED BY:	(ZONING ADMINSTRATOR)
I BASE MY APPLICATION ON:	
SECTION 17.20 PARAGRAPH(S) OF THE CHARTER OF THE CITY OF RICHMOND	
SECTION 15.2 -2309.2 □ OF THE CODE OF VIRGINIA [OR]	
SECTION 1040.3 PARAGRAPH(S) OF THE ZONING ORDINANCE OF THE CITY OF RICHMOND	
TO BE COMPLETED BY APPLICANT	
I have received the handouts, Suggestions for Presenting Your Case to the Board & Excerpts from the City Charter	
I have been notified that I, or my representative, must be present at the hearing at which my request will be considered.	
SIGNATURE OF OWNER OR AUTHORIZED AGENT: DATE: DATE:	
TOTAL OF STREET AND THOMAS PROBLEM	

*** TO BE COMPLETED BY THE SECRETARY TO THE BOARD OF ZONING APPEALS ***

CASE NUMBER: _____ HEARING DATE: _____ AT ____P.M.