



CITY OF MANASSAS
DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING & DEVELOPMENT
 9800 Godwin Drive
 Manassas, VA 20110
 Phone: 703-257-8278
www.manassasva.gov/permits
 Email: permitstatus@manassasva.gov

FOR STAFF USE ONLY

APPLICATION NUMBER _____

ZONING DISTRICT _____

RECEIVED

ZONING MODIFICATION APPLICATION
FEE: \$150

Applicant Information	
Street Address:	Manassas, VA 20110
Name:	
Phone Number:	
Email:	
Property Owner's Name (if different from the applicant):	
Property Owner's Mailing Address (if different from the applicant):	

Project Information		
	Modification Type	Application Submission Requirements
<input type="checkbox"/>	Fence Requested Height: _____	<ul style="list-style-type: none"> ✓ House location survey showing the location of the fence (to-scale). ✓ Written statement from owner/agent identifying why the modification is necessary in accordance with the modification requirements of Section 130-56(g).
<input type="checkbox"/>	Driveway Material: _____ Lot Frontage: _____ Width Requested: _____	<ul style="list-style-type: none"> ✓ House location survey showing the driveway design and dimensions drawn to-scale. (Alterations to the apron require an excavation application) ✓ Written statement from owner/agent identifying why the modification is necessary in accordance with the modification requirements of Section 130-205(b)(7).
<input type="checkbox"/>	Setbacks (less than 12" – builder error)	<ul style="list-style-type: none"> ✓ Wall check survey with setback distances shown (to-scale). ✓ Written statement from owner/agent identifying why the modification is necessary in accordance with the modification requirements of Section 130-59.

Note: Modifications require an additional 60-day period for review and approval due to state mandated adjacent property owner notification and appeal timeframes. Please plan accordingly when submitting modification applications.

I, the undersigned, do affirm that the modification proposed above will conform to the requirements of the zoning ordinance and as identified in this application and conditions for approval. Should the activity deviate from this modification, I understand it is my responsibility to submit a revised ZCT for approval. Furthermore, I understand that issuance of this modification does not negate compliance with nor supersede any private covenants or restrictions attached to the property that would otherwise prohibit this activity.

Applicant Signature: _____ Date: _____

You have the right to appeal the approval or denial of this decision within thirty (30) days in accordance with Virginia Code §15.2-2311. This decision shall be final and unappealable if not appealed within thirty (30) days. You may appeal by filing a notice of appeal, specifying the grounds thereof, with the Zoning Administrator. The fee for an appeal is \$500, plus the cost of public hearing newspaper advertisements.