

BOARD OF ZONING APPEALS

WHAT TYPE OF CASES DOES THE BOARD OF ZONING APPEALS (BZA) REVIEW?

The BZA considers requests for variances to the County Zoning Ordinance and administrative appeals of the Zoning Administrator's decisions.

WHAT IS A VARIANCE?

A variance is a waiver of the dimensional and numeric requirements of the Zoning Ordinance approved by the board of zoning appeals in accordance with [section 1-1019](#) of the ordinance.

In accordance with the Code of Virginia 15.2-2309 and Section 1-1019.B.2 of the Isle of Wight County Zoning Ordinance, the Board of Zoning Appeals shall not authorize a variance unless it finds:

- The property for which the variance is being requested was acquired in good faith and any hardship was not created by the applicant for the variance.
- The granting of the variance will not be harmful to adjacent property and nearby properties.
- The condition or situation of the property is not of so general or recurring a nature as to make reasonably practicable the formulation of a general regulation to be adopted as an amendment to the ordinance.
- The granting of the variance does not result in a use that is not otherwise permitted on such property or a change in the zoning classification of the property.
- The relief or remedy sought by the variance application is not available through a special exception process that is authorized in the ordinance pursuant to Section 15.2-2309 of the Code of Virginia or the process for modification of a zoning ordinance pursuant to Section 15.2-2286 of Code of Virginia at the time of the filing of the variance application.

WHAT IS THE PROCESS FOR REQUESTING AN ADMINISTRATIVE APPEAL OR VARIANCE?

1. Schedule a pre-application meeting with the Department of Planning and Zoning to review your application and discuss any questions that you may have.
2. Submit a complete application package which should include:
 - A completed application package form, including checklist and affidavit;
 - A surveyed plat, showing the exact location of the structure in relation to buildings, roads, and property lines;
 - A current deed for the property; and
 - Other supportive documents as necessary.
3. Planning Staff will review the application and schedule a Public Hearing for the next available BZA meeting, to include advertisement in a local newspaper.
4. The BZA either will grant or deny the variance, or will uphold or overrule the decision of the Zoning Administrator. You will receive written notification of the decision.

IS THERE AN APPLICATION FEE?

Yes, \$750

CAN I APPEAL THE DECISION OF THE BZA?

Yes, you can appeal the decision within thirty (30) days to the Circuit Court.

WHEN AND WHERE ARE THE BZA MEETINGS?

BZA meetings are held the first Monday of the month at 6:00 pm in the Robert C. Claud, Sr. Board Room at the County Courthouse Complex on an on-call basis.

Revised February 25, 2019

If you have any questions, please call the Central Permitting office at 757-365-6211 or email at planreview@iwus.net



BOARD OF ZONING APPEALS APPLICATION CHECKLIST

This checklist shall be used when submitting a request for an appeal, a variance or an interpretation as specified under Section 1-1019, *Provisions for Appeals, Variances and Interpretations* of the Isle of Wight County Zoning Ordinance.

No application for an appeal, variance or interpretation shall be certified as complete unless the following information is provided:

1. The appropriate fees have been submitted with the application. Checks should be made payable to: Treasurer, Isle of Wight County;
2. One (1) copy of the original, executed application and one (1) original executed application, including signed and notarized property owner’s affidavit and disclosure statement;
3. One (1) signed copy of the application checklist;
4. One (1) “11 X 17” copy of the overall site layout showing the existing conditions;
5. One (1) copy of the current property deed;
6. Such supplemental material deemed appropriate or necessary by the Zoning Administrator to establish compliance with the County Code;
7. Such other information as may be necessary to demonstrate compliance with all other applicable Federal, State and County standards; and
8. All real estate taxes must be paid and current at the time of submittal; otherwise, the submittal will be refused at the counter. Proof of the most recent tax payment to the County must accompany the application.

I, the undersigned, certify that this application is complete, accurate and contains all required and requested information, documents and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete and correct information available. I understand that any section not completed in its entirety may delay processing of this application.

Printed or Typed Name

Signature

Date



**BOARD OF ZONING APPEALS APPLICATION
TO REQUEST A VARIANCE, APPEAL OR ZONING MAP INTERPRETATION**

This application should be used to petition the Board of Zoning Appeals to hear and decide appeals from any order, requirement, decision or determination made by an administrative office in the administration or enforcement of the Zoning Ordinance, to authorize in specific cases variances from the terms of the Zoning Ordinance, or to hear and decide applications for the interpretation of the Zoning District map where there is uncertainty as to the location of the district boundary. The following application requirements are consistent with the procedures set forth in Section 1-1019, *Provisions for Appeals, Variances and Interpretations*, of the Isle of Wight County Zoning Ordinance, as amended.

A. APPLICATION FOR: [] A Variance [] An Appeal [] Zoning Map Interpretation

B. PROJECT DESCRIPTION:

Property Address: _____

Current Use of Property: _____ Election District: _____

Tax Parcel Number: _____ Zoning District: _____

When was the property acquired? _____

C. APPLICATION INFORMATION:

Applicant(s) Name(s): _____

Address (if different than above): _____

City, State, Zip Code: _____

Phone: _____ Email: _____ Fax No.: _____

Property Owner(s) Name(s): _____

Address: _____

City, State, Zip Code: _____

Phone No.: _____ Email: _____ Fax No.: _____

D. VARIANCE APPLICATIONS:

1. The request is being made to Section _____ of the Isle of Wight County Zoning Ordinance.

2. Please provide an explanation below how the strict application of the terms of the ordinance would unreasonably restrict the utilization of the property or that the granting of the variance would alleviate a hardship due to a physical condition relating to the property or improvements on the property at the time of the effective date of the ordinance, or alleviate a hardship by granting a reasonable modification to a property or its improvements requested by, or on behalf of, a person with a disability. Please attach any additional documentation necessary to support the request.

3. The owner/applicant requests that the Board grants to variance to allow for the following: _____

E. APPEALS AND ZONING MAP INTERPRETATION APPLICATIONS

Please provide an explanation below for your request for an appeal or zoning map interpretation. Please attach additional sheets or supporting documentation as necessary.

F. Applicants/Owners Affidavit (including compliance with all deed restrictions and covenants)

This application must be signed by the owner(s) of the subject property or must have attached written evidence of the owner's consent, which may be in the form of a binding contract of sale with the owner's signature or a letter signed by the owner(s), containing written authorization to act with full authority on the owner(s) behalf in filing this appeal, variance or interpretation application. Signing this application shall certify the owner's compliance with all deed restrictions and covenants, and shall constitute the granting of authority of the County to enter onto the property for the purpose of conducting site analyses and compliance with Federal, State and County regulations.

Applicant: _____
Printed or Typed Name

Applicant: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this ___ day of _____, 20__

Notary Public

My Commission Expires _____

Owner: _____
Printed or Typed Name

Owner: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this ___ day of _____, 20__

Notary Public

My Commission Expires _____

Owner: _____
Printed or Typed Name

Owner: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this ___ day of _____, 20__

Notary Public

My Commission Expires _____

Owner: _____
Printed or Typed Name

Owner: _____ Date: _____
Signature

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight,
Commonwealth of Virginia, this ___ day of _____, 20__

Notary Public

My Commission Expires _____

NOTICE: THE ATTACHED CHECKLIST MUST BE COMPLETED, CERTIFIED, AND SUBMITTED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE.

Remit Application to: Isle of Wight County Central Permitting, 17140 Monument Circle, Suite 100
P. O. Box 80, Isle of Wight, Virginia 23397

FOR OFFICE USE ONLY:

Complete Application Received On: _____ Fees Paid: _____
Tax Query: [] Current [] Delinquent Distribution Date: _____
Posted/Date to Post: _____

AGENCIES REFERRALS:

- | | |
|--|---|
| <input type="checkbox"/> Department of Conservation & Recreation | <input type="checkbox"/> Inspections |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Sheriff's Office |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Town of Smithfield |
| <input type="checkbox"/> General Services | <input type="checkbox"/> Town of Windsor |
| <input type="checkbox"/> Environmental Planner | <input type="checkbox"/> VDOT |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Transportation Manager | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Commission of Revenue | <input type="checkbox"/> County Attorney |
| <input type="checkbox"/> Other _____ | |

Verified By: _____ Date: _____

COUNTY OF ISLE OF WIGHT DISCLOSURE OF REAL ESTATE HOLDINGS

Applicant _____

Address _____

Street

City

State

Zip

REAL ESTATE HOLDINGS TO BE AFFECTED

Location or Address	Description

OTHER OWNERS OF AFFECTED REAL ESTATE

(Not Required for Corporation whose stock is traded on a national or local stock exchange or having more than 500 shareholders.)

Name of Individuals Corporation/Partnership Business Association	Address

Does any member of the Isle of Wight County Planning Commission or governing body have any interest in such property, either individually, by ownership of stock in a corporation owning such land, partnership, as the beneficiary of a trust, or the settlor of a revocable trust, or whether a member of the immediate household of any member of the Planning Commission or governing body has any such interest? Yes No

If yes, names of members:

I do solemnly swear that the foregoing statement(s) and attachments(s), if any, are complete, correct and true.

Applicant: _____ Applicant: _____ Date: _____

Printed or Typed Name

Signature

Commonwealth of Virginia
County of Isle of Wight

Subscribed and sworn to before me _____,

A Notary Public in and for the County of Isle of Wight, Commonwealth
of Virginia, this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____