



# Town of Hamilton

53 East Colonial Hwy  
 PO Box 130, Hamilton, VA 20159-0130  
 (540)338-2811 ♦ Fax (540)338-9263

## Variance Request Application

Date \_\_\_\_\_ PIN \_\_\_\_\_ Zoning District \_\_\_\_\_  
 Street Address \_\_\_\_\_

Agent's Name \_\_\_\_\_  
 Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Owner's Name \_\_\_\_\_  
 Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

I request a variance from Article \_\_\_\_\_ Section \_\_\_\_\_  
 Specific Dimensions of Variance Request \_\_\_\_\_

**Additional Submission Requirements:**

- An application properly completed.* The application must be filed in the name of the owner, occupant or contract owner. A statement from the property owner claiming knowledge and agreement with the request for a variance request must be included.
- A statement of support.* Applicant must file a statement in support of their request stating the nature of their request, and how it conforms to Article 11, Section 5 of the Hamilton Zoning Ordinance.
- A site plan or plat of the property.* A site plan or plat must be included drawn to scale and showing all existing buildings including accessory buildings and any proposed structure or alteration.
- Payment of fee.* The fee for a variance application must be paid at the time of submission. FEES ARE NON-REFUNDABLE.
- Applicant must attend meetings.* Applicants or their agents must be present at the Board of Zoning Appeals meeting on the advertised public hearing date.

**Agent/Owner:**

I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission to the Town or authorized government agents to enter the property and make such investigations and tests as they deem necessary.

\_\_\_\_\_  
 Agent/Owner's Signature Date

**For Town Use Only**

Application Received:		Hearing Date:		<input type="checkbox"/> Fees Paid Amount \$ _____
Approved:		Denied:		Variance #