



APPLICATION FOR
APPEAL FOR
VARIANCE OF
ZONING
REGULATIONS

Planning and Zoning
City of Nitro
P.O. Box 308
Nitro, WV 25143

(304) 755 - 0702 ext 201

Applicant Name: Phone:

Address (city, state, zip):

Email:

Property Owner: Phone:

Address (city, state, zip):

Please list the Location (address) and Description (Tax Map Number, Parcel, and Lot,):

Two horizontal lines for location and description input.

Variance requested pursuant to:

Article and/or Figure of the City of Nitro Zoning Ordinance.

Description of the variance being requested:

Four horizontal lines for variance description input.

Description of property including tax map, parcel, lot number (if applicable), street address and/or other description:

Three horizontal lines for property description input.

Please describe the special conditions or attributes which pertain to the property or hardships for which the variance is sought (state any reason which the Board of Zoning Appeals should be aware of in forming its decision):

Seven horizontal lines for special conditions input.

(Attach additional pages if necessary)

The following exhibits are to be attached and made part of this application:

- Site plan of Real Estate involved (if applicable); drawn to scale with scale shown, with direction North clearly indicated on the drawing, showing all boundary lines and placement of existing and/or proposed structures, and with all dimensions shown (setbacks, buildings, etc.).
- Valid State or Federal Photo ID.
- Any and all documentation and evidence to support the request.
- One Hundred dollars (\$100.00) non-refundable filing fee for each variance sought.

All of the above documentation is to be submitted to the office of Planning and Zoning by: _____ in order to be placed on the next Board of Zoning Appeals agenda. Incomplete documentation will delay applicants review by the BZA.

I/We, the undersigned, am/are aware that a Public Hearing by the Board of Zoning Appeals will be held on _____. It is my responsibility to attend (or send a representative) to the above meeting to present plans and to answer any questions regarding the request for a Variance. All meetings are held at 6:00 p.m. in the City Council Chambers located at 497 1st Ave S. Nitro, WV 25143.

FOR OFFICE USE Received: _____ Staff Initials: _____ Project Number: _____
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Signature of Applicant

Date

Signature of Property Owner

Date

**All applications to be submitted must be typed or legibly written in blue or black ink.*

FOR OFFICE USE ONLY

Date of Decision: _____

- Approved
- Approved with conditions
- Denied

Conditions: _____

