



**APPLICATION
REQUEST FOR RELIEF FROM THE
BOARD OF ZONING APPEALS**

**Part I and Part II of the application must be completed and submitted to: Town of Farmville
Zoning Administrator at 116 N. Main Street, P. O. Drawer 368, Farmville, VA 23901.**

PART I

DATE OF REQUEST: _____

ADDRESS OF REQUEST: _____

APPLICANT INFORMATION

PROPERTY OWNER: _____

ADDRESS OF OWNER: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DEVELOPER (IF APPLICABLE): _____

ENGINEER (if applicable): _____

CONTRACTOR (if applicable): _____

CONTACT NAME: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PART II

RELIEF REQUESTED

TYPE OF RELIEF REQUESTED:

LIST THE PROVISIONS OF THE ZONING ORDINANCE THAT RELIEF IS NEEDED:

ARTICLE: _____ **SECTION:** _____

PARAGRAPH: _____

SITE PLAN INFORMATION

PARCEL IDENTIFICATION NUMBER: _____

ACREAGE: _____

ZONING DISTRICT: _____

LAND USE: _____

***ATTACH CONCEPTUAL SITE PLANS TO THE APPLICATION**

EXPLAIN FULLY THE REASONS AND JUSTIFICATION FOR THIS REQUEST, SPECIFICALLY ADDRESSING THE FOLLOWING:

- 1. DESCRIBE ANY PRACTICAL DIFFICULTIES OR UNNECESSARY HARDSHIPS THAT WOULD RESULT IF THIS REQUEST WERE DENIED.**

- 2. DESCRIBE ANY UNUSUAL CONDITIONS, UNIQUE TO THE PROPERTY.**

- 3. DESCRIBE HOW THE CONDITIONS ARE UNIQUE TO THE PROPERTY AND NOT SO GENERAL OR RECURRING SO AS TO HAVE NEIGHBORHOOD OR TOWN WIDE APPLICABILITY.**