



COMMONWEALTH OF VIRGINIA
COUNTY OF FLUVANNA
Appeal of Zoning Administrator

Owner of Record:	Applicant:
Address:	Address:
Phone: Fax:	Phone: Fax:
Email:	Email:
Representative:	Note: If applicant is anyone other than the owner of record, written authorization by the owner designating the applicant as the authorized agent for all matters concerning the request shall be filed with this application.
Address:	
Phone: Fax:	
Email:	

Tax Map and Parcel(s):	Election District:
Acreage:	Planning Area:
Zoning:	Deed Book Reference:
Location:	Deed Restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes(attach copy)
Description of Property:	

I, _____, declare that I have familiarized myself with the rules and regulations pertaining to preparing and filing this application and the applicable sections of the Fluvanna County Zoning Ordinance, and that the foregoing statements and answers provided herein are in all respects true and correct to the best of my knowledge and belief.

Date: _____ Signature of Property Owner: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public: _____

My commission expires: _____

(attach additional sheets as necessary)

Description of Appeal:

OFFICE USE ONLY	
Date:	Application #:
\$125 Fee paid:	By Authority of:
BZA Hearing Date:	Disposition: