



**CITY OF NORFOLK  
BOARD OF ZONING APPEALS**

**DEPARTMENT OF PLANNING & COMMUNITY  
DEVELOPMENT**

5TH FLOOR, ROOM 508  
810 UNION STREET  
NORFOLK, VA 23510  
(757) 664-4752  
(757) 441-1569 (FAX)  
[WWW.NORFOLK.GOV/PLANNING](http://WWW.NORFOLK.GOV/PLANNING)

**ZONING VARIANCES, APPEALS OR INTERPRETATIONS**



## Application Instructions

- Application must be typed or printed and filled out completely
- Incomplete application will delay the filing process
- A filing fee of \$100.00 must accompany the application
- Submittal requirements (2 copies):
  - Application
  - Survey (one being a 11" x17" or smaller)
    - Drawn to scale
    - Show the size and dimensions of the lot
    - All existing structures
    - All proposed structures
    - Curb cuts
    - Off-street parking, loading facilities
    - Screening, and buffering
  - Two copies of all supporting documents that are filed with the application must be provided
  - ALL DOCUMENTS submitted with application become the property of the Board .

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**Note 1:** Members of the Board are appointed by the Circuit Court and are empowered to grant appeals and variances.

**Note 2:** The Board is not empowered to grant appeals or variances sought by an applicant for **special privileges or conveniences**. The following examples include common situations for which no application for a variance can be made.

- (a) No variance from rule against repairs/renovations to a nonconforming structure capped at 50% of assessed value. (Zoning Ordinance section 12-3.)
- (b) No variance to allow a use which is not permitted in the district.
- (c) No variance from rule against having customers frequenting a residence in which a home occupation is conducted. (Zoning Ordinance section 13-6.5.)

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## Board of Zoning Appeals Application

1. Applicant (**print**): \_\_\_\_\_
2. Address of Property (**print**): \_\_\_\_\_
3. I request that a hearing be scheduled before the Board of Zoning Appeals to hear a request for (check all that apply):
  - a. \_\_\_\_ A variance from the regulations of the Zoning Ordinance.
  - b. \_\_\_\_ An appeal from the decision of the Zoning Administrator
  - c. \_\_\_\_ An interpretation of the Zoning District Boundaries.
  - d. \_\_\_\_ An appeal of a Zoning Violation Notice.
4. Lot Numbers \_\_\_\_\_ Block Number \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Subdivision or Plat \_\_\_\_\_ Land Zoned \_\_\_\_\_
5. Present Use/Number of structures/Land Improvements:  
 \_\_\_\_\_  
 \_\_\_\_\_
6. List in detail the nature of your appeal and/or request for a variance:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## Board of Zoning Appeals Application

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7. When did you acquire the property and from whom?

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8. Is the subject property exceptionally narrow, shallow, or does it have an exceptional size or shape which existed before the regulations from which you are seeking a variance were imposed? (Only required if applying for a variance.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If "Yes," describe:

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9. Does the subject property have exceptional topographic conditions or some other extraordinary situation or condition which is unlike other properties in the immediate vicinity? (Only required if applying for a variance.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If "Yes," describe:

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10. Is there some particular condition, situation, or development on the property immediately adjacent to the subject property which affects the subject property's ability to comply with the regulations you are seeking a variance from? (Only required if applying for a variance.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If "Yes," describe:

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11. If you answered "No" to Questions #8, #9, and #10, then stop here. The subject property is not eligible for a variance.

12. If you answered "Yes" to Question #8, #9, or #10, is there any beneficial use for the property after the regulations from which you are seeking a variance are applied? (Only required if applying for a variance.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If "Yes," describe the beneficial use:

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13. Describe the hardship which has limited the use of the property. (Only required if applying for a variance.):

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14. Is there anything you have done to either the property or any structure on the property which does not comply with some provision of the zoning ordinance? (Only required if applying for a variance.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If "Yes," describe:

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15. Are you requesting a variance to afford a person who might use the property some personal convenience that is not currently available under the regulations from which you are seeking a variance? (Only required if applying for a variance.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

16. If you answered "Yes" to Question #15, is there any reason for your requesting a variance *other than* obtaining additional convenience?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If "Yes," describe:

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17. Has an appeal been filed for this property within the last year?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

18. Is this property currently under any legal action? If so, list the type of action pending (i.e., violation notice for non compliance with construction code regulations; non compliance with zoning regulations; court order related to the specific property under appeal; etc.) and attach a copy of each notice.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If "Yes," describe:

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## Board of Zoning Appeals Application

19. I attest that all statements, documents, plans, and other supporting data relative to this appeal and submitted herewith are true to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of applicant) (Date application submitted)

\_\_\_\_\_  
(Mailing address - Include City, State & Zip Code) (Email Address)

\_\_\_\_\_  
(Applicant Name – Please Print) (Telephone) (Fax)

\_\_\_\_\_  
(Signature of property owner, if different from Applicant) (Date)

\_\_\_\_\_  
(Mailing address - Include City, State & Zip Code) (Email Address)

\_\_\_\_\_  
(Property Owner – Please Print) (Telephone) (Fax)

20. If the owner of the property elects representation before the Board by Counsel, Agent, or others, acting on behalf of the owner, the following information must be provided.

\_\_\_\_\_  
(Signature of representative) (Date application submitted)

\_\_\_\_\_  
(Mailing address - Include City, State & Zip Code) (Email Address)

\_\_\_\_\_  
(Representative Name – Please Print) (Telephone) (Fax)

**Note: Property listed on this application will be photographed by  
The Department of Planning & Community Development  
prior to the hearing date.**

*Revised—February 2008*

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## BOARD OF ZONING APPEALS HEARING DATES 2009

<u>FILING DEADLINE</u>	<u>HEARING DATE</u>
December 18, 2008	January 15, 2009
January 15, 2009	February 19, 2009
February 19, 2009	March 19, 2009
March 19, 2009	April 16, 2009
April 16, 2009	May 21, 2009
May 21, 2009	June 18, 2009
June 18, 2009	July 16, 2009
July 16, 2009	August 20, 2009
August 20, 2009	September 17, 2009
September 17, 2009	October 15, 2009
October 15, 2009	November 19, 2009
November 19, 2009	December 17, 2009
December 17, 2009	January 21, 2010