

DEPARTMENT OF PLANNING

P. O. Box 357  
45 School Street  
Surry, VA 23883  
(757) 294-5210

REQUEST FOR:

_____ Variance (\$200.00)	_____ Special Exception (\$200.00)
_____ Conditional use (\$350.00)	_____ Zoning Change (\$500.00)
_____ Site Plan Review (\$300.00)	_____ Zoning Text Amendment (\$300.00)

DATE \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ WORK ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

OWNER (IF DIFFERENT THAN APPLICANT): \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ADDRESS AND LOCATION OF AFFECTED PROPERTY (911 ADDRESS IF KNOWN)**

Street/Road \_\_\_\_\_

Magisterial District \_\_\_\_\_ Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_

LOCATION \_\_\_\_\_

APPLICATION IS HEREBY BEING MADE FOR THE PREMISES DESIGNATED AS:

Current zoning \_\_\_\_\_ Proposed zoning \_\_\_\_\_

REASON FOR YOUR APPLICATION: \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

<b>ATTACH SUPPORTING MATERIAL SUCH AS A SITE PLAN, TOPOGRAPHIC MAP, DRAINAGE MAP, UTILITY EASEMENT MAP, BUILDING ELEVATION MAP.</b>
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**ADJACENT PROPERTY OWNERS**

**NAME**

**MAILING ADDRESS**

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**FILED WITH THE SURRY COUNTY DEPARTMENT OF PLANNING** the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

**FEE PAID \$** \_\_\_\_\_

**ADVERTISEMENT (Date(s))**

**Board of Zoning Appeals** \_\_\_\_\_ **Planning Commission** \_\_\_\_\_

**Board of Supervisors** \_\_\_\_\_

**HEARING Date(s)**

**Board of Zoning Appeals** \_\_\_\_\_ **Planning Commission** \_\_\_\_\_

**Board of Supervisors** \_\_\_\_\_

**ACTION TAKEN**

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Application Number** \_\_\_\_\_

**Decision of the Board of Supervisors** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
County Administrator Date

**Recommendation by the Planning Commission** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairman, Planning Commission Date

**Decision of the Board of Zoning Appeals** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairman, Board of Zoning Appeals Date