



<b>For Office Use:</b>
BZA Case #:
Date:

**Pulaski County, Virginia**  
**Community Development**  
 143 Third St., N.W., Suite 1  
 Pulaski, VA 24301  
 Phone: (540) 980-7710  
 Fax: (540) 980-7717

**PETITION TO THE BOARD OF ZONING APPEALS**

If you are uncertain of any information that is required, you may ask for assistance at the front desk.

**TO: THE BOARD OF ZONING APPEALS**  
**C/O THE ZONING ADMINISTRATOR, 143 Third Street, N.W., Suite 1, Pulaski, Virginia 24301**

On \_\_\_\_\_, 20 \_\_\_\_\_, the Zoning Administrator denied the petitioner's application for a Zoning and Building Permit, Certificate of Occupancy, or made an administrative decision to which the petitioner objects.

Therefore, the undersigned hereby appeal the administrative decision and request the following action:

- An interpretation of Section(s) \_\_\_\_\_ of the Zoning Ordinance
- An interpretation of the Zoning Map
- A variance to Section(s) \_\_\_\_\_ of the Zoning Ordinance
- Other \_\_\_\_\_

**SITE INFORMATION** (Complete if applicable):

Location: N E S W \_\_\_\_\_ side of Route No. \_\_\_\_\_ about \_\_\_\_\_ (feet, yards, miles)  
 From \_\_\_\_\_

**AND**

Address (Four-digit/Street or Route No./Road Name): \_\_\_\_\_  
 \_\_\_\_\_

Existing Use: \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
<b>SITE INFORMATION:</b>	
Magisterial District _____ Existing Zone _____ Acreage: _____	
Tax Map No. of Property _____	

Proposed Use and Structure \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner's reasons for requested action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are hereto attached and made part of this application, if required by the Zoning Administrator:

- Plot plan showing boundaries and dimensions of property and the location of proposed building(s) in relation to said boundaries
- Floor plans and elevations
- Names and addresses of all individuals, firms, or corporations owning adjacent property

OWNER(S): \_\_\_\_\_ Phone: Day: \_\_\_\_\_  
Evening: \_\_\_\_\_  
Cell: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I (we) certify that I (we) have familiarized myself (ourselves) with the rules and regulations of the Pulaski County Zoning Ordinance and of the Zoning Administrator with respect to preparing and filing this application, and that the foregoing statements and answers hereby contained and on the attached plans (if any) are in all respects true and correct to the best of my (our) knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PETITIONER (If other than Owner) \_\_\_\_\_ Phone: Day: \_\_\_\_\_  
Evening: \_\_\_\_\_  
Cell: \_\_\_\_\_

ADDRESS: \_\_\_\_\_