

Town of Accomac

www.accomac.org
townofaccomac@verizon.net
PO Box 21
23367 Front Street
Accomac, Virginia 23301
(757) 789-5171 (office & fax)

APPEAL TO THE BOARD OF ZONING APPEALS

I/we, the undersigned, do hereby respectfully request that a determination be made by the Board of Zoning Appeals on the following appeal, which was denied by the Zoning Administrator on _____, for the reason that it was a matter which, in the opinion of the Administrator, should properly come before the Board of Zoning Appeals.

- An appeal for an interpretation
- Request for a variance

Tax Map Number	
Property Address	
Currently Zoned	
Frontage Feet	
Depth Feet	

Reason for requested interpretation or variance:

Attached is a plat of this property.

Signature of Applicant

Date

The following are the names and addresses of adjacent property owners:

Property Owner(s)	Property Address

FOR USE OF BOARD OF ZONING APPEALS ONLY

Date hearing advertised: _____

Date of hearing: _____

APPLICATION FEE \$ _____

PAID BY: cash money order check # _____

Decision of the Board of Zoning Appeals:

Reasons:

Secretary

Date