

APPELLANT IDENTIFICATION:

# COUNTY OF WASHINGTON

BOARD OF ZONING APPEALS

# APPEAL OF ZONING DETERMINATION

**INSTRUCTIONS:** This APPEAL OF ZONING DETERMINATION form (3 pages) and all required supporting materials to be supplied by the Appellant <u>must</u> be submitted to the County Department of Zoning Administration no later than the 15<sup>th</sup> calendar day of each month by 5:00 PM in order to be scheduled for hearing the following month. If mailed, the envelope <u>must</u> be postmarked no later than the 15<sup>th</sup> day of the month <u>and</u> received no later than the 20<sup>th</sup> day of the month. A fee of \$50.00 payable to the County of Washington, Virginia <u>must</u> be paid <u>in full</u> at the time of filing of this Appeal. Incomplete Appeals for any reason <u>will not</u> be processed. Completed Appeals and supporting materials shall be submitted in person or by mail to the Washington County Department of Zoning Administration, County Administration Building, 205 Academy Drive, Abingdon, Virginia 24210. Only Appeal forms bearing live signatures will be processed; fax or e-mailed Appeals <u>will not</u> be accepted.

I (WE) THE UNDERSIGNED DO HEREBY PETITION AND APPEAL TO THE WASHINGTON COUNTY BOARD OF ZONING APPEALS FOR REVIEW OF THE FOLLOWING ZONING DETERMINATION:

PRINTED NAME(S) OF APPELLANT	S:			
Full Name of Appellant	<del> </del>	Full Name of	Co-Appellant (if a	ny)
OFFICIAL MAILING ADDRESS OF A	PPELLANT [one mailing a	address only,	please]:	
Street Address or P.O. Box	City	State	Zip Code	Area Code & Telephone No.
PRINTED NAME OF APPELLANT'S or person acting as Agent for the App				ed in this Appeal by an attorne
Full Name of Legal Counsel or Agent				
STATUS [please check one]:	uttorney-at-law ☐ - Age	ent		
OFFICIAL MAILING ADDRESS OF A	PPELLANT'S LEGAL CO	UNSEL OR A	AGENT [one m	nailing address only, please]:
Street Address or P.O. Box	City	State	Zip Code	Area Code & Telephone No.
Street Address of P.O. Box	City	State	Zip Code	Area Code & Telephone No.
Area Code & Facsimile No.	E-mail Address	<del></del>		
IDENTIFICATION OF PROPERTY TO	O WHICH APPEAL PERT	AINS:		
PARCEL #1				
County Tax Map Number	County E-911	Street Address	of Main Structure	located on Parcel (if any)
TOTAL ACREAGE OF PARCEL #1	PARCEL #1 ZONING DISTRICT CLASSIFICATION(S)			
PARCEL #2				
PARCEL #2County Tax Map Number	County E-911	Street Address	of Main Structure	located on Parcel (if any)
TOTAL ACREAGE OF PARCEL #2 _	PARCEL #2 ZO	NING DISTR	ICT CLASSIFI	ICATION(S)
PARCEL #3 County Tax Map Number	County E-911	Street Address	of Main Structure	located on Parcel (if any)
TOTAL ACREAGE OF PARCEL #3				, •,
PARCEL #4County Tax Map Number				
	County E-91			
TOTAL ACREAGE OF PARCEL #4	PARCEL #4.70	NINGDISTR	ICT CLASSIFI	ICATION(S)

## STATEMENT OF APPEAL:

PLEASE STATE THE REASON(S) FOR APPEAL AS A TYPEWRITTEN ATTACHMENT TO THIS FORM AND TITLED, "STATEMENT OF APPEAL". PLEASE ATTACH THE ZONING ADMINISTRATOR'S DETERMINATION LETTER AS WELL AS ANY DOCUMENTS, DRAWINGS, PHOTOGRAPHS OR OTHER INFORMATION CITED AS EVIDENCE IN THE "STATEMENT OF APPEAL" AT THE END OF THE STATEMENT DOCUMENT. PLEASE INDIVIDUALLY MARK THESE ATTACHED ITEMS AS EXHIBITS TO THE STATEMENT (i.e., "Exhibit A to Statement of Appeal", "Exhibit B to Statement of Appeal", etc.) IN THE TOP RIGHT-HAND CORNER OF EACH EXHIBIT DOCUMENT.

THE "STATEMENT OF APPEAL" SHOULD CLEARLY STATE THE ISSUE(S) THAT YOU WISH THE BOARD OF ZONING APPEALS TO RESOLVE. PLEASE GIVE THE REASON(S) WHY YOU BELIEVE THE ZONING ADMINISTRATOR MADE AN INCORRECT INTERPRETATION AND/OR APPLICATION OF LAW REGARDING THE ISSUE(S) YOU IDENTIFY. PLEASE PROVIDE AN ADEQUATE EXPLANATION TO FULLY INFORM THE MEMBERS OF THE BOARD OF ZONING APPEALS OF YOUR POSITION.

### WITNESS LIST:

PLEASE PROVIDE A LIST OF WITNESSES YOU WILL ASK TO TESTIFY BEFORE THE BOARD OF ZONING APPEALS. PLEASE ALSO PROVIDE A BRIEF STATEMENT ABOUT THE SUBJECT OF EACH WITNESS'S TESTIMONY (ATTACH ADDITIONAL COPIES OF THIS PAGE IF MORE THAN FOUR WITNESSES WILL BE CALLED):

TESTIMONY (ATTACH ADDITIONAL COPIES	S OF THIS PAGE IF M	ORE THA	AN FOUR WITH	NESSES WILL BE CALLED):
PRINTED NAME OF WITNESS #1:				
Full Name of Witness				
OFFICIAL MAILING ADDRESS OF WITNESS	[one mailing address	only, plea	ise]:	
Street Address or P.O. Box City		State	Zip Code	Area Code & Telephone No.
SUBJECT OF WITNESS'S TESTIMONY:				
PRINTED NAME OF WITNESS #2:				
Full Name of Witness				
OFFICIAL MAILING ADDRESS OF WITNESS	[one mailing address	only, plea	ise]:	
Street Address or P.O. Box City		State	Zip Code	Area Code & Telephone No.
SUBJECT OF WITNESS'S TESTIMONY:				
PRINTED NAME OF WITNESS #3:				
Full Name of Witness	<del></del>			
OFFICIAL MAILING ADDRESS OF WITNESS	[one mailing address	only, plea	ise]:	
Street Address or P.O. Box City		State	Zip Code	Area Code & Telephone No.
SUBJECT OF WITNESS'S TESTIMONY:				
PRINTED NAME OF WITNESS #4:				
Full Name of Witness	<del></del>			
OFFICIAL MAILING ADDRESS OF WITNESS	[one mailing address	only, plea	ise]:	
Street Address or P.O. Box City		State	Zip Code	Area Code & Telephone No.
SUBJECT OF WITNESS'S TESTIMONY:				

**CERTIFICATION OF APPELLANT:** 

I/WE THE UNDERSIGNED APPELLANT(S) DO HEREBY PETITION AND APPEAL THE FOREGOING ZONING DETERMINATION TO THE WASHINGTON COUNTY BOARD OF ZONING APPEALS. THE UNDERSIGNED DO HEREBY AGREE TO ABIDE BY THE FOLLOWING PROVISIONS OF THE BY-LAWS OF THE WASHINGTON COUNTY BOARD OF ZONING APPEALS:

### ARTICLE 3. EX PARTE CONTACT PROHIBITED.

- 3.1 No applicant or other party in interest, and no attorney for an applicant or party in interest, shall initiate any contact with a member of the Board for the purpose of conducting a private discussion, in person or by telephone, concerning the merits of any application, appeal, or other matter pending before the Board.
- 3.2 No member of the Board shall participate in any such private discussion.
- 3.3 Site visits or similar contacts initiated by the Secretary or by members of the Board shall not constitute such exparte contacts.
- This Rule shall be reproduced on all application and appeal forms, and in other notices as appropriate, in order to inform all parties in interest about the restrictions this Rule imposes.
- 3.5 If any member of the Board is contacted by a party in interest, or attorney for such party, with reference to a matter pending before the Board, the Board member shall respectfully inform the party or attorney of the restrictions which this Rule imposes, and of the right of the party to make a full presentation to the entire Board at a Public Hearing and promptly discontinue the discussion.

Signature of Appellant	Signature of Co-Appellant (if any)
	DATE:
Signature of Legal Counsel or Agent (if any)	
FOR COUNTY USE ONLY	
CASE NUMBER:	
DATE APPEAL & FEE RECEIVED:	FEE AMOUNT \$
APPEAL & FEE RECEIVED BY:	
APPEAL ADMINISTRATIVELY REVIEWED & APPROVED F DATE OF ADMINSTRATIVE AF	OR HEARING BEFORE BOARD OF ZONING APPEALS: PROVAL:
DATE OF HEARING BEFORE BOARD OF ZONING APPEALS	S:
ACTION OF BOARD OF ZONING APPEALS: Motion by:	: Second by::
<ul> <li>☐ – Affirm Zoning Administrator's Determination in Whole</li> <li>☐ – Reverse Zoning Administrator's Determination in Whole</li> <li>☐ – Affirm Zoning Administrator's in Part and Reverse in Part</li> <li>☐ – Modify Zoning Administrator's Determination (Explanation)</li> </ul>	
BOARD OF ZONING APPEALS VOTE: Aye N	Nay Abstain