

DINWIDDIE COUNTY PLANNING & ZONING DEPARTMENT

Appeal of Zoning Administrator



Appellant's Name and Address:

Phone: _____
Email: _____

Agent/Representative's Name and Address:

Phone: _____
Email: _____

Subject Property Tax Parcel Number(s): _____ Current Zoning: _____

Subject Property Address: _____

Describe the order, requirement, decision or determination of the Zoning Administrator that you wish to appeal.

How was the appellant aggrieved or injured by that order, requirement, decision or determination?

What is the basis of the appeal? (Was there a mistake of fact, or an erroneous application of law? Additional pages may be attached as needed.)

OFFICE USE ONLY

Date Received: _____
Fee Amount: _____
Election District: _____
Case No: _____

Received By: _____
Receipt No: _____
BZA Hearing Date: _____

1. The required fee must accompany this application. A fee schedule is available from the Planning Department located in the Dinwiddie County Government Center at 14010 Boydton Plank Road, Dinwiddie, Virginia 23841, or at Dinwiddie Code § 22-8. All checks must be made payable to: "Treasurer, County of Dinwiddie".
2. Enclose with the application a copy of the order, requirement, decision or determination being appealed.
3. I/We hereby certify that to the best of my/our knowledge all the above statements and the statements contained in any exhibits are true:

Date: _____, 20____

SIGNATURE OF AGENT* _____
 (Name of person other than, but acting for, the Appellant and responsible for this application)

AGENT'S NAME _____
 (Typed or printed)

SIGNATURE OF APPELLANT _____

APPELLANT'S NAME _____
 (Typed or printed)

I authorize you, the merchant, to initiate an electronic debit to my account for the amount rendered on this check plus a returned check fee in accordance with Dinwiddie Code § 2-1, if the item is dishonored. The use of a check for payment is my acceptance of this policy.

Signature _____

Notes:

- 1) Incomplete application will not be accepted. Any request that requires plans must be accompanied by those plans at the time submission of the application.
- 2) Any appeal must be in accord with Va. Code § 15.2-2311 which requires a notice of appeal to be filed with the zoning administrator and the board of zoning appeals within 30 days of a written notice of a zoning violation or a written order.

*Agent must file power of attorney from the Appellant giving the agent authority to submit this application.