



CITY OF BUENA VISTA

Modification or Variance Request

CITY OF BUENA VISTA
Office of Planning and Zoning
2039 Sycamore Avenue
Buena Vista VA 24416
(540) 261-8607

Meeting with Zoning Administrator required before submission.

Submission Date: _____

APPLICANT INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

PROPERTY OWNER INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

PHYSICAL LOCATION OF PROPERTY

Address:				
If none, describe location:				
Tax Map Number:		Zoning:		

Attach site sketch or site plan AND a letter or narrative addressing the following items:

- Description of proposed development activity including property boundaries and relation of development to boundaries
- Points of conflict with zoning code or other development standards
- Justification for granting modification or variance

APPLICANT SIGNATURE

Printed Name:		Title:	
Signature:		Date:	
Zoning Administrator:		Date:	