



STAFFORD COUNTY
DEPARTMENT OF PLANNING AND ZONING
1300 Courthouse Road, Stafford VA 22554
Phone: 540-658-8668 Fax: 540-658-6824
www.staffordcountyva.gov

APPEAL APPLICATION PACKET

- The following items are included within this packet:
 1. Pre-Application Conference Sheet
 2. Stafford County Code Section 28-349
 3. Application
 4. Owner's Consent Form
- If an application is withdrawn prior to the first public hearing, fifty (50) percent of the amount of the application fee may be refunded to the applicant.

Fees are as follows: *Residential \$600.00 per Appeal*
 Commercial/Industrial \$1,900.00 per Appeal

** Beginning July 1, 2012, per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications or requests.*

May 2019

NOTICE

Stafford County treats all applications and applicants equally. The County does not discriminate against religion, or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the laws of the United States and the Commonwealth of Virginia, no government may discriminate against any religion or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the Religious Land Use and Institutionalized Persons Act (“RLUIPA”), no government may apply its zoning or land use laws, or its policies and procedures in a manner that unjustifiably imposes a substantial burden on the religious exercise of a person, assembly, or institution.

RLUIPA also provides that no government may apply its zoning or land use laws in a manner that treats a religious assembly or institution on unequal terms with a non-religious institution or assembly.

Finally, RLUIPA provides that no government may impose or implement a land use regulation in a manner that discriminates against a religious assembly or institution.

Stafford County does not discriminate in its planning, permitting, utilities, and land use processes, practices, and policies. Stafford County treats all applications and applicants equally.



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Pre-Application Conference - Checklist

Pre-application conference date: _____

Owner and/or Applicant: _____

Application for: ***APPEAL***

The following information must be submitted with the completed application and fee:

	Plat - 1 copy (<i>May be obtained from the Clerk of the Circuit Court, if available</i>)
	Sketch, Layout, Elevation or other renderings
	Site Plans - 1 copy
	Completed Application
	Zoning Violation/Zoning Determination
	Owner's Consent Form (<i>Provide if applicant is not the owner of the property</i>)
	Verification of Non-Delinquent Taxes (May be obtained from the Treasurer's Office)
	Other (Specify):

Applications must be completed and returned no later than _____ in order to be heard at the meeting scheduled for _____. Meetings are held at 7:00 p.m. in the Board of Supervisors Chambers and you or a representative must be present.

NOTE: This form must be submitted with the completed application, affidavit, all of the above, and a fee of \$_____.

Staff Member Signature

Section 28-349. Appeals to board generally.

- (a) The board of zoning appeals shall hear and decide appeals from any order, requirement, decision or determination made by an administrative officer in the administration or enforcement of this chapter.
- (b) An appeal to the board of zoning appeals may be taken by any person aggrieved, or by an officer, department, board or bureau of the county affected, by any decision of the Zoning Administrator. Such appeal shall be taken within thirty (30) days after the decision appealed from, by filing with the Zoning Administrator, a notice of appeal specifying the grounds thereof. The Zoning Administrator shall forthwith transmit to the board of zoning appeals all the papers constituting the record upon which the action appealed was taken. An appeal shall stay all proceedings in furtherance of the action appealed from, unless the Zoning Administrator certifies to the board of zoning appeals that, by reason of facts stated in the certificate, a stay would, in his opinion, cause imminent peril to life or property, in which case proceedings shall not be stayed otherwise than by a restraining order granted by the board of zoning appeals or by a court of record, on application and on notice to the Zoning Administrator and for good cause shown.
- (c) The board of zoning appeals shall fix a reasonable time for the hearing of an application or appeal, give public notice thereof, as well as due notice to the parties of interest and decide the same within sixty (60) days.
- (d) In exercising its powers, the board of zoning appeals may reverse or affirm, wholly or partly, or may modify the order, requirement, decision or determination of any administrative official or to decide in favor of the applicant.



STAFFORD COUNTY
Department of Planning and Zoning

APPEAL APPLICATION

RECEIVED BUT NOT OFFICIALLY SUBMITTED	
DATE: _____	INITIALS: _____
OFFICIALLY SUBMITTED	
DATE: _____	INITIALS: _____

APPEAL: Commercial <input type="checkbox"/> Residential <input type="checkbox"/>	_____
TYPE OF APPLICATION	APPLICATION NUMBER

APPLICANT INFORMATION			
NAME _____			
STREET ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
PHONE _____	CELL _____		
FAX _____	EMAIL _____		

OWNER INFORMATION			
NAME _____			
ADDRESS _____	CITY _____	STATE _____	ZIP _____
PHONE _____	CELL _____		
FAX _____	EMAIL _____		

PROPERTY INFORMATION			
TAX MAP _____	SECTION _____	PARCEL/LOTS _____	LOT SIZE _____
SUBDIVISION _____		ZONING DISTRICT _____	
EXISTING USE _____		PROPOSED USE _____	
COMPREHENSIVE PLAN DESIGNATION _____		MAGISTERIAL DISTRICT _____	

FOR OFFICE USE ONLY	
APPLICATION APPROVED BY _____	DATE _____
CASE # _____	
Fees Paid: Yes <input type="checkbox"/>	No <input type="checkbox"/>

GENERAL INFORMATION

The Appeal requested is for the following reason:

Appeal the Zoning Administrator’s Decision/Interpretation

Please provide a copy of the decision/interpretation and the date received: _____

Appeal a Notice of Violation

*Please provide the file # _____, date received _____,
and a copy of the notice.*

Other, please specify: _____

APPEAL JUSTIFICATION

Please provide a narrative which specifies the reason(s) you deem an Appeal necessary. You may use additional sheets, if necessary:

APPEAL JUSTIFICATION (Continued)

AUTHORIZATION

- ❖ *The undersigned declares that the above statements and those contained in any exhibits transmitted to the Board of Zoning Appeals are true.*
- ❖ *The applicant or a representative for the applicant must attend the meeting.*

Owner / Applicant's Signature (Circle One)

Date

Owner / Applicant's Signature (Circle One)

Date

- ❖ Was an Owner's Consent form provided? *Yes* *No* *Not Required*

Owner's Consent Form

(All owners must sign)

I/We, the Owner(s) of the property listed below, hereby grant permission for the Applicant,

_____ to seek a

_____ as

requested in the Board of Zoning Appeals application relating to property located at _____

_____ on Assessor's Parcel(s)

_____.

Date

Signature

Printed Name

Date

Signature

Printed Name

~Notary~

SUBSCRIBED & SWORN TO Before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____