

**MADISON COUNTY BUILDING & ZONING DEPARTMENT**

410 N Main Street, Madison, VA 22727

Phone: (540) 948-6102

[www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)

**APPEAL APPLICATION INSTRUCTIONS**

IT IS THE RESPONSIBILITY OF THE APPLICANT TO COMPLETE THIS PACKET IN ITS ENTIRETY AND AS PRECISELY AS POSSIBLE. APPEAL APPLICATIONS ARE CONSIDERED BY THE BOARD OF ZONING APPEALS. SEE ARTICLE 17 OF THE MADISON COUNTY ZONING ORDINANCE AND SECTION 15.2-2311 OF THE CODE OF VIRGINIA FOR FURTHER INFORMATION.

This packet is considered complete when the following have been received:

- ☐ Appeal application (attached).
- ☐ A \$300.00 non-refundable fee is due when this application is submitted to our office.
- ☐ A placement survey plat and/or a drawn site plan must be submitted with this application. On the plat or plan, you must identify the location of any proposed or existing structures and/or buildings, any existing or proposed roads/rights-of-way/easements, entrance location to the property, and measurements to all property lines.
- ☐ A copy of the current paid real estate tax receipt for the property (may be obtained from the Madison County Treasurer's Office).
- ☐ You may be required to provide a copy of the deed to the property if staff cannot locate it in the clerk's office.
- ☐ Staff must have written comments from the following departments/agencies on the appeal request prior to the scheduling of the public hearing. Also, staff may work with you on obtaining all comments except for the Property Owners Association which is the responsibility of the owner/applicant:
  - The Madison County Health Department
  - The Virginia Department of Transportation
  - The Madison County Building Official
  - The Property Owners Association- President, Vice President, or Secretary (*if in a subdivision*)
- ☐ Any other evidence or exhibits the applicant desires to be reviewed by the Board of Zoning Appeals should be submitted along with this application.

If you have any questions, please call the Madison County Building and Zoning Office at (540) 948-6102, Monday through Friday, 8:30 a.m. to 4:30 p.m.

\*\*\*\*\*ADDITIONAL INFORMATION MAY BE REQUIRED IF THE PLANNING & ZONING ADMINISTRATOR DETERMINES IT NECESSARY TO ENSURE CONFORMANCE AND TO PROVIDE ENFORCEMENT OF THE ORDINANCE(S). \*\*\*\*\*

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**APPEAL APPLICATION TO THE BOARD OF ZONING APPEALS**

- 1) The applicant is the: ☐Owner ☐Lessee ☐Agent for Owner

Owner	Lessee or Agent for Owner (if applicable)
Name:	Name:
Mailing Address:	Mailing Address:
Phone Number:	Phone Number:
Email (Optional):	Email (Optional):

- 2) E911 Address of Construction: \_\_\_\_\_

- 3) Please provide detailed directions to the site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Tax Map Number: \_\_\_\_\_ 5) Size of Property: \_\_\_\_\_

- 5) Is the parcel located in a subdivision? ☐Yes ☐No  
If yes, which one: \_\_\_\_\_

- 6) Water and sewage source for the property:  
☐Private Well ☐Private Septic ☐Public Water ☐Public Sewer ☐None

- 7) The following action is requested:  
☐ An appeal of an administrative decision.  
☐ An interpretation of Article \_\_\_\_\_ of the Madison County \_\_\_\_\_ Ordinance.  
☐ An interpretation of the zoning ordinance map.  
☐ Other \_\_\_\_\_

- 8) I (we) respectfully request that the Board of Zoning Appeals decide our appeal on an interpretation/decision of the Zoning Administrator that was made on \_\_\_\_\_ (please attach notice).

- 9) I (we) appeal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Please state the reason for the appeal: \_\_\_\_\_

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11) Applicants' additional comments, if any: \_\_\_\_\_

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**I (WE), THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lessee and/or Agent for Owner

\_\_\_\_\_  
Date

Please list names and mailing addresses of all adjoining landowners, including landowners across any road or right-of-way. Names and addresses of owners may be found on the Madison County website ([www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)) under the GIS link.

<u>NAME</u>	<u>MAILING ADDRESS</u>

Adjoining Property Owner Verification:

As applicant for this appeal request, I(we) \_\_\_\_\_ hereby acknowledge that I have faithfully and correctly provided names and complete mailing addresses of all of my adjoining property owners and those directly across the road or right-of-way. I understand that failure to provide all adjoining property owners will leave me liable for additional cost for re-advertisement and notices mailed, and that my request may be delayed until proper notification has been given to all adjoining property owners and those property owners across the road or right-of-way.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lessee and/or Agent for Owner

\_\_\_\_\_  
Date

**OFFICE USE ONLY- APPEAL APPLICATION**

Date application received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date application considered complete (after department/agency comments received): \_\_\_\_\_

Date of public hearing: \_\_\_\_\_

Dates public hearing was advertised: \_\_\_\_\_

Date adjoining landowners were notified: \_\_\_\_\_

Date of hearing notice to applicant: \_\_\_\_\_

Date application packet mailed to BZA: \_\_\_\_\_

Action of Board of Zoning Appeals:

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\_\_\_\_\_  
Signature of Chairman, BZA

\_\_\_\_\_  
Date