

TOWN OF IRVINGTON, VIRGINIA

Department of Planning and Land Use Application to Appeal

Map Number: _____ Zoning District: _____ Date: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Appeal requested for Section _____ of the Zoning Ordinance.

Location of Property: _____

Description of Property: _____

Nature of Appeal Requested: _____

Reason for Appeal: _____

Signature of Applicant: _____

FOR USE BY THE BOARD OF ZONING APPEALS ONLY:

Number: _____ Hearing advertised on _____ & _____ Hearing Date: _____

Decision of the BZA: _____

Reasons: _____