



APPLICATION
TO
Board of Zoning Appeals
City of Chesapeake, Virginia

Please print or type

I (we) the undersigned do hereby apply to the Chesapeake Board of Zoning Appeals for a Hearing on the following request:

_____ 1 _____

use extra sheets if necessary

- Location of Property involved in this request -

Address
Legal Description: _____ 2 _____
Lot Block Section Phase/Part
Subdivision Borough
Property Owner(s): _____ 3 _____
Real Estate Number: _____

- Application Information -

Name

Mailing Address 4 _____

City/State/Zip

Telephone Number

****Applicants Interest In Property****

5 Owner Contract Purchaser* Owner's Agent* Lessee/Tenant*

Other (explain) _____ * Power of Attorney required

Respectfully Submitted:

Applicant's Signature

Office Use Only
Zoning District: _____
Zoning Map Number: _____
Date Received: _____
Receipt Number: _____ 6 _____

Board of Zoning Appeals Use Only
 Approved Denied
Conditions:



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Board of Zoning Appeals Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Denied Conditions: _____
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POWER OF ATTORNEY

This _____ day of _____, _____, the below-signed individuals do hereby appoint _____, mailing address of _____, as their Attorney-In-Fact and grant and confer to them the following powers with respect to the property located at _____, Chesapeake, Virginia:

- 1. Full authority to file an application with the Chesapeake Board of Zoning Appeals for a variance and/or appeal of a decision rendered by the Zoning Administrator.
- 2. The power to amend in whole or in part any of the documents relating to the above-referenced application to the Chesapeake Board of Zoning Appeals.
- 3. Full authority to appear before the Chesapeake Board of Zoning Appeals at such time as the Board may consider the Application for Variance and /or appeal.

The powers confirmed herein above shall terminate upon a final determination by the Chesapeake Board of Zoning Appeals on the application for variance and/or appeal.

Property Owner

Property Owner

STATE OF VIRGINIA,
CITY OF CHESAPEAKE, to wit:

Subscribed and sworn to before me this _____ day of _____,
_____, by _____.

Notary Public

My commission expires: _____

STATE OF VIRGINIA,
CITY OF CHESAPEAKE, to wit:

Subscribed and sworn to before me this _____ day of _____,
_____, by _____.

Notary Public

My commission expires: _____