



JEFFERSON COUNTY, WEST VIRGINIA

Department of Engineering, Planning, and Zoning

Office of Planning and Zoning

116 East Washington Street, 2nd Floor, P.O. Box 338

Charles Town, WV 25414

www.jeffersoncountywv.org

Email: planningdepartment@jeffersoncountywv.org
zoning@jeffersoncountywv.org

Phone: (304) 728-3228
Fax: (304) 728-8126

BOARD OF ZONING APPEALS – VARIANCE REQUEST INSTRUCTIONS

Thank you for the opportunity to assist with your inquiry regarding Board of Zoning Appeals Variance Requests. Please be advised that the following information must be submitted by a pre-determined cut-off date that directly relates to each individual monthly meeting. (Please contact the Office of Planning and Zoning for applicable cut-off dates.)

1. Original Variance Request Form – completed on both sides – dated and signed. (*Additional attachments may be included if necessary.)
2. Original sketch of the requested project, on a separate sheet of paper (8 ½” x 11”) – dated and signed. (Per Variance Request form instructions).
3. A check in the amount of One Hundred Dollars (\$100) written to the Jefferson County Commission or One Hundred-Fifty Dollars (\$150) if application project has commenced or is complete.

Upon receipt in our office of the referenced information, your submission will be processed as follows:

1. Staff will review the submission for accuracy and completeness. You may be contacted to correct the application or to provide supplemental information.
2. The second Monday following your submission you will be provided a placard to be posted on your property 15 days prior to your hearing.
3. The second Wednesday following submission your request will be published in the “Spirit of Jefferson County” newspaper.
4. A site inspection will be performed by Staff to confirm placement of the placard. Photos of the subject property may be taken for the Board of Zoning Appeals’ staff report.
5. On the day of the meeting, you (or a Representative on your behalf) will be asked to speak and answer questions by the Board about your Request. The Board of Zoning Appeals Members will then deliberate and make a final determination regarding your matter. All decisions are effective immediately, unless otherwise stated. If an approval is granted, you may apply for a Building Permit, where applicable.

Should you have additional questions, please contact our office.



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File Number: _____
 Staff Initials: _____
 Meeting Date: _____
 Fees Paid (\$100 or \$150): _____

Email: zoning@jeffersoncountywv.org

Phone: (304) 728-3228

Zoning Variance Request

Variations from the Zoning and Land Development Ordinance must comply with Article 8A-7-11 of the WV State Code. A variance is a deviation from the minimum standards of the ordinance and shall not involve permitting land uses that are otherwise prohibited in the zoning district, nor shall it involve changing the zoning classification of a parcel of land.

Property Owner Information

Name: _____
 Mailing Address: _____
 Phone Number: _____ Email: _____

Applicant Contact Information

Name: _____
 Mailing Address: _____
 Phone Number: _____ Email: _____

Applicant Registered Engineer(s), Surveyor(s), or Consultant(s)

Name: _____
 Mailing Address: _____
 Phone Number: _____ Email: _____

Physical Property Details

Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Tax District: _____ Map No: _____ Parcel No: _____
 Parcel Size: _____ Deed Book: _____ Page No: _____

Zoning District (please check one)

Residential Growth (RG)	Industrial Commercial (IC)	Rural (R)	Residential- Light Industrial- Commercial (R-LI-C)	Village (V)	Neighborhood Commercial (NC)	General Commercial (GC)
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Highway Commercial (HC)	Light Industrial (LI)	Major Industrial (MI)	Planned Neighborhood Development (PND)	Office/Commercial Mixed-Use (OC)
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Place Received Date Stamp Here

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I authorize Planning and Zoning staff to make necessary revisions to the enclosed submission, if required for processing. I understand that said revisions will be discussed with me prior to content modification.

Applicant PRINTED Name: _____

Applicant Signature: _____

Contact Number: _____

Date: _____