



JEFFERSON COUNTY, WEST VIRGINIA

Department of Engineering, Planning, and Zoning

Office of Planning and Zoning

116 East Washington Street, 2nd Floor

Charles Town, WV 25414

Email: zoning@jeffersoncountywv.org

Phone: (304) 728-3228

BOARD OF ZONING APPEALS – VARIANCE REQUEST INSTRUCTIONS

Please be advised that the following information must be submitted by the applicable deadline that correlates to the individual monthly meeting. The *Board of Zoning Appeals Meeting Schedule and Submission Deadlines* is available on our website.

1. A completed Variance Request Application – Originally signed by the Property Owner.
*Additional attachments may be included if necessary.
2. A Sketch of the property. See the Variance Request Application for instructions.
3. The Application Fee in the amount of \$150; or, \$200 if the project has commenced.
Our office accepts the following payment methods:
 - Cash
 - Credit Card (in-person or by phone).
*Note, there is a 3.25% service fee for all card transactions.
 - Check. Made payable to *Jefferson County Commission*. Checks may be mailed to the following address: 116 E. Washington Street, Charles Town, WV 25414

Upon receipt of the items noted above, 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. You will be provided a placard/sign to post on the property for 15 days prior to the hearing.
3. The request will be published in the “Spirit of Jefferson” newspaper for 15 days prior to the hearing.
4. A site inspection may 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 your representative, will be asked to present your request. The Board Members will evaluate the request and the testimony provided. A final decision is generally made the day of the meeting. All decisions are effective immediately, unless otherwise stated. If an approval is granted, you may immediately apply for a Building Permit, where applicable.

Should you have additional questions, please contact our office.



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File #: _____
 Mtg. Date: _____
 Fee Paid: \$ _____

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Zoning Variance Application

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 parcel's zoning classification.

Property Owner Information

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

Applicant Contact Information

Applicant Name: _____ Same as owner:
 Business Name: _____
 Mailing Address: _____
 Phone Number: _____ Email: _____

Consultant Information

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

Physical Property Details

Vacant Lot:

Physical Address: _____
 Parcel ID: _____ (Tax District / Map No. / Parcel No.)
 Parcel Size: _____ Deed Book: _____ Page No: _____

Zoning District (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Residential Growth (RG) | <input type="checkbox"/> General Commercial (GC) |
| <input type="checkbox"/> Industrial Commercial (I-C) | <input type="checkbox"/> Highway Commercial (HC) |
| <input type="checkbox"/> Rural (R)* | <input type="checkbox"/> Light Industrial (LI) |
| <input type="checkbox"/> Residential-Light Industrial-Commercial (R-LI-C) | <input type="checkbox"/> Major Industrial (MI) |
| <input type="checkbox"/> Village (V) | <input type="checkbox"/> Planned Neighborhood Development (PND) |
| <input type="checkbox"/> Neighborhood Commercial (NC) | <input type="checkbox"/> Office/Commercial Mixed-Use (OC) |

Is there a Code Enforcement action pending in relation to this property? Yes No

Date Received:

Briefly describe the nature of the request (include the dimensions of the proposed structure, if applicable):

Section of the Zoning Ordinance pertaining to this request:

If this request is for a setback variance, please check the following:

Front Setback Side Setback Rear Setback Reduction from _____ to _____

Required Sketch: Provide a sketch showing the shape and location of the lot indicating all roads, rights of way, and easements. Show the location of the intended construction or land use indicating building setbacks (i.e. the distance of the structure from all property lines), size, and height. Identify all existing buildings, structures, or land uses on the property. The sketch should show the full extent of the property.

Required Responses: Each of the following questions must be answered in detail. The Board will evaluate your request based on the answers provided (attach a separate sheet of paper if necessary).

Explain why granting the variance will NOT adversely affect the public health, safety or welfare, or the rights of adjacent property owners or residents.

In what way does this request arise from special conditions or attributes, which pertain to the property for which a variance is sought and which were not created by the person seeking the variance?

How will granting this variance eliminate an unnecessary hardship and permit a reasonable use of the land?

How will granting this variance allow the intent of the Zoning Ordinance to be observed and substantial justice done?

I authorize the Planning and Zoning staff to revise the application/sketch on my behalf. I understand that said revisions will be discussed with me prior to revising the application/sketch.

The information given is correct to the best of my knowledge. Property Owner Signature Required.

By signing this application, I grant permission to County staff to walk onto the subject property to take photos for the Board of Zoning Appeals staff reports.

Property Owner Signature

Date

Property Owner Signature

Date



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I authorize the Planning and Zoning staff to make any 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: _____