



COUNTY OF BATH, VIRGINIA

65 Courthouse Hill Road

P. O. Box 216

Warm Springs, VA 24484

(Please Make Checks Payable to Bath County Treasurer)

OFFICE PHONE: 540-839-7236

OFFICE FAX: 540-839-7222

APPLICATION FOR APPEAL

Department Use Only

Case Number: _____

Tax Map #: _____ Magisterial District: _____

Zoning District: _____ Deed Book # & Page: _____

Subdivision Name & Lot (if applicable): _____

Acreage of Property: _____ Current Use of the Property: _____

Proposed Use of the Property: _____

Fees Paid: _____

Public Hearing (BZA): _____

Final Action: _____

Checklist:

_____ Attach a deed and plat with site plan

_____ Attach copy of letter from Zoning Administrator rendering decision

Applicant:

Name: _____ Address: _____

Telephone Number: _____

Owner:

Name: _____ Address: _____

Telephone Number: _____

Exact Directions to the property from the Courthouse: _____

Decision of the Zoning Administrator which is being appealed: _____

Reason for Appeal: _____

Zoning Ordinance Section(s) being appealed: _____

Please note that this form must be received by the Building, Planning and Zoning office within 30 days of the Zoning Administrator's decision or it will become a "thing decided" and the chance to appeal will be forfeited.

I certify that I have familiarized myself with the rules and regulations of the Bath County Zoning Ordinance and of the Zoning Administrator's decision with respect to preparing and filing this application, and that the foregoing statements and answers hereby contained and on the attached plans and property owner's list are in all respects true and correct to the best of my knowledge and belief. **I AM AWARE THAT NO CASE WILL BE HEARD BY THE BOARD WITHOUT REPRESENTATION.**

Applicant (Signature/Date)

Property Owner (Signature/Date)