



801 Crawford Street, Portsmouth, Virginia 23704

Variance Permit Application Form

www.portsmouthva.gov/planning/

Notes:

1. A pre-application conference is mandatory prior to submission of an application for a variance permit.
2. A variance permit application may be filed to request relief from zoning ordinance requirements with the exception that a variance permit application may not be filed to seek relief from Section 40.1-5.1, Off-street Parking, Loading, and Circulation.
3. A subdivision exception allows a property owner to seek relief or a variance from the city's subdivision ordinance.
4. Applicants are required to demonstrate a hardship (that is not self-imposed) for approval of a variance permit.

1. General Project Information

Project Address:

Tax Parcel Identification Number:

2. Written Description of Request – Answer all the questions under this section. Attach additional sheets as needed

A) Explain in detail, the nature of your request for a variance and identify the standard(s) or requirement(s) of the zoning ordinance that is subject to this variance permit request.

B) Is the property exceptionally narrow, shallow or does it have an exceptional size or shape that existed prior to the effective date of this zoning ordinance? Yes No If yes, please describe below.

Project Address:

Tax Parcel Identification Number:

C) Does the property have exceptional topographic conditions or some other extraordinary situation or condition that makes it unlike other properties in the immediate vicinity? Yes No If yes, please describe below.

D) Is there some particular condition, situation, or development on the property immediately adjacent to the subject property that affects the subject property's ability to comply with the regulations you are seeking a variance from? Yes No If yes, please describe below.

E) Provide a written description of any hardship(s) and how such hardship(s) is not self-imposed.

3. Submittal Requirement Checklist
(Submittals should include 10 copies of listed items, unless otherwise stated.)

<input type="checkbox"/>	Pre-application conference completed
<input type="checkbox"/>	Master Development Application Form
<input type="checkbox"/>	Variance Permit Application Form
<input type="checkbox"/>	Copy of an approved Certificate of Appropriateness (COA) if located within the D1 Downtown district or within a historic district
<input type="checkbox"/>	Copy of an approved Certificate of Compliance (D2) if located within the D2 Uptown district
<input type="checkbox"/>	Application fee as established in the Portsmouth Fee Schedule identified in Appendix D of the Portsmouth Development Procedures Manual
<input type="checkbox"/>	Locations, square footages, and dimensions of all existing and proposed structures
<input type="checkbox"/>	All minimum and maximum setbacks, including build-to lines
<input type="checkbox"/>	Easement types, locations, and dimensions
<input type="checkbox"/>	Copy of a plot plan
<input type="checkbox"/>	An elevation drawing showing proposal and proposed height or other sketches, or plans where applicable
<input type="checkbox"/>	Any additional information determined to be necessary by the Planning Department



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Master Development Application Form

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- Notes:**
- All applications require the submission of this Master Development Application Form and the submission of a Specific Procedure Review Form for the proposed activity. Only one Master Development Application Form is required for each project, regardless of the number of actions, permits, or reviews required.
 - No action will take place, nor will the request be placed on any agenda, if staff determines that the application is not complete.
 - No application will be processed while violations exist on the property or if there are outstanding fines, taxes, liens, or other fees owed to the City of Portsmouth.
 - A Certificate of Appropriateness is required prior to any activity in the D1 Downtown District or any Historic District (i.e., Olde Towne, Port Norfolk, Park View, Cradock, or Truxtun). See staff prior to application. A Certificate of Compliance (D2) is required prior to any activity in the D2 Uptown District (Form-Based Code).

1. General Project Information

Project Address:	
Tax Parcel Identification Number:	
Lot Area (in square feet):	
Zoning District:	

2. Proposed Activity – Please check all that apply

(PC) = A preapplication conference must be completed prior to submission of the Master Development Application Form.

Proposed Use:	
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Check all permits or reviews that apply:

<input type="checkbox"/> Zoning Verification Request	<input type="checkbox"/> Use Permit (PC)	<input type="checkbox"/> Variance Permit (PC)
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Compliance Permit	<input type="checkbox"/> Zoning Compliance Permit (Signs)
<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> Zoning Map Amendment (PC)
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Type I Development Plan	<input type="checkbox"/> Minor Subdivision
<input type="checkbox"/> Certificate of Compliance (D2)	<input type="checkbox"/> Type II Development Plan (PC)	<input type="checkbox"/> Major Subdivision (PC)
<input type="checkbox"/> Wetland Permit	<input type="checkbox"/> Interpretation Request	<input type="checkbox"/> Subdivision Exception
<input type="checkbox"/> Flood Plain Certificate	<input type="checkbox"/> Land Disturbance Permit	<input type="checkbox"/> Encroachment
<input type="checkbox"/> Street Closure	<input type="checkbox"/> Chesapeake Bay Exception	
<input type="checkbox"/> Appeals	<input type="checkbox"/> Administrative Adjustment or Alternative Form of Compliance	

3. Primary Point of Contact Information

Please circle the preferred method of contact (mail, telephone, fax, or e-mail)

Primary Point of Contact Name:	
Mailing Address:	
Phone No.:	Fax No.:
Email:	

4. Property Owner Information (if different from the primary point of contact)
The property owner must sign a property owner consent box (See item number 5 on the following page.).

Property Owner Contact Name:			
Mailing Address:			
Phone No.:		Fax No.:	
Email:			

5. Property Owner(s) Consent

Project Address:			
Tax Parcel Identification Number:			

The names, addresses, telephone numbers, and signatures of all owners of the property are required. Please attach additional sheets as needed. If a legal representative signs for a property owner, please attach an executed power of attorney. Faxed or photocopied signatures will not be accepted.

By signing this application below, I, as the owner of the property under review, give my endorsement of this application.

Property Owner or Authorized Signature:	Date Signed:
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If a business entity owns the property, the following is the name and title of the individual authorized to sign, as the property owner above, for such business entity.

Name of Person Authorized to Sign:			
Title of Person Authorized to Sign:			
Mailing Address:			
Phone No.:			

6. Applicant's Signature

By signing this application below, I hereby attest to the truth and accuracy of all facts and information presented with this application.

Applicant's Signature:	Date Signed:
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OFFICE USE ONLY	Project Number (Tidemark):
Received By:	Received Date:
Accepted as Complete By:	Accepted Date: