

BOARD OF ZONING APPEALS APPLICATION

Please attach a letter identifying the order, requirement, decision or determination that is the subject of this appeal. Attach a copy of the written denial letter from the Town of Luray. Applicant: () Owner () Contract Purchaser () Agent Name:			Application#:		
Name:			•		
Phone:	Applicant:	() Owner	() Contract Purchaser	() Agent	
Property Location: Page County Tax Map Number: Degal Property Owner: Degal Property Owner: Delevations, prospective drawings of the project(s) etc., are true, correct and accurate. The undersigned further understands that, should such information be found incorrect, and action taken by the Board based on such information may be invalidated. The applicant, if other than the property owner, also attests that he/she has obtained permission from the property owner to make this application. Thereby certify that the information provided on this application is correct meets all Town, County, and State requirements. Refer to Article VII, Section 705 of Luray Code of Ordinances, townofluray.com Date Date	Name:				
Property Location:	Address:				
Page County Tax Map Number:	Phone:	Cell:		_ Email:	
Dwner Address: THE UNDERSIGNED HEREBY ATTESTS that all information herein provided including the site plan, building elevations, prospective drawings of the project(s) etc., are true, correct and accurate. The undersigned further understands that, should such information be found incorrect, and action taken by the Board based on such information may be invalidated. The applicant, if other than the property owner, also attests that he/she has obtained permission from the property owner to make this application. Thereby certify that the information provided on this application is correct meets all Town, County, and State requirements. Refer to Article VII, Section 705 of Luray Code of Ordinances, townofluray.com Date Date	Property Location	า:			
Owner Address: THE UNDERSIGNED HEREBY ATTESTS that all information herein provided including the site plan, building elevations, prospective drawings of the project(s) etc., are true, correct and accurate. The undersigned further understands that, should such information be found incorrect, and action taken by the Board based on such information may be invalidated. The applicant, if other than the property owner, also attests that he/she has obtained permission from the property owner to make this application. Thereby certify that the information provided on this application is correct meets all Town, County, and State requirements. Refer to Article VII, Section 705 of Luray Code of Ordinances, townofluray.com Date Date	Page County Tax	Map Number:			
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STAFF COMMENTS:	Signature			Date	
	STAFF COMMENTS	<u>:</u>			