



BOARD OF ZONING APPEALS APPLICATION

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: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Property Location: _____

Page County Tax Map Number: _____

Legal Property Owner: _____

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.

I hereby 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

Signature _____ Date _____

STAFF COMMENTS:
