



Rockingham County Zoning Appeal

Application

Applicant: _____

Address: _____

Telephone: _____ Email: _____

Tax Map Number: _____ Zoning District: _____ Acres: _____

To the Board of Zoning Appeals:

I (We) respectfully request that the Board of Zoning Appeals decide our appeal for an interpretation/ decision of the Zoning Administrator made on _____, 20__.

I (We) appeal _____

for the following reason(s):

A previous appeal on this (has/has not) been filed on this property. My (Our) interest in this property is as (owner, lessee, contract purchaser). If applicant does not own property, the landowner's signature must be obtained.

Signature of Landowner

Applicant or Agent

Date

This application can be submitted online at Evolve link, emailed to kgetz@rockinghamcountyva.gov, or brought in to our office.