



TOWN OF SMITHFIELD

310 Institute Street, PO Box 246, Smithfield, VA 23431

Tel: 1-(757)-365-4200 Fax: 1-(757)-357-9933

www.smithfieldva.gov

APPEALS APPLICATION

Date of Application _____

Date of Meeting _____

In accordance with the Smithfield Zoning Ordinance, this application must be completed and all materials as requested below must be submitted to the town within a predetermined amount of time. Be advised depending on the nature of the decision reached, the deadline will fluctuate, 10/ 14/ 15/ 30/ 60 days.

Applicant/Owner: _____

Address: _____

Phone: _____

Email: _____

Check all that apply:

PC

Administrative

BHAR

\$250 fee submitted

Appeal: _____

Please include with your application an exhibit, plat, survey, signed and sealed by a DPOR professional, illustrating the proposed appeal, if applicable. A written narrative should accompany this application. Additional materials may be necessary.

DECLARATION OF CONSENT:

By signing below, the property owner/applicant/agent consents to entry upon the subject property by public officers, employees, and agents of the Town of Smithfield to view the site for purposes of processing, evaluating or deciding this application.

Name: (printed or typed) _____

Name: (signature) _____