Revised 1/2026

HALIFAX COUNTY BOARD OF ZONING APPEALS
Office of the Planning Director

County Administration Building
1030 Mary Bethune Street, Suite LL1
P. O. Box 699, Halifax, VA 24558
Phone: (434) 476-3300 Fax: (434) 476-3384
Completed applications may be emailed to
Alisa Coleman Linda Younger
avc@co.halifax.va.us or lfy@co.halifax.va.us

APPLICATION FEE:
$500.00
Checks payable to:
County of Halifax

Date filed _____

Zoning Appeal or Variance Request Form

Check one: ◯ Appeal ◯ Variance

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1. Applicant: _____
2. Address & Telephone: _____
   _____
   _____
3. Zoning Classification of Property: _____
4. Location: Road Number: _____
   Nearest Intersection: _____
   Distance and Direction from Intersection: _____
   _____
5. Size of parcel: _____
6. Size of proposed use area: _____
7. Property owner: (if different than #1) _____
   _____
   _____
8. Deed book: _____ Page: _____
   Tax parcel number: _____
9. Water Supply: Public _____ Private: _____
   Sewage Disposal: Public _____ Private: _____

- ◯ Appeal of Zoning Administrator Determination
- ◯ Appeal for interpretation of Zoning Ordinance
  Section _____
- ◯ Appeal for Interpretation of Zoning Map
- ◯ Request for a variance relating to the

  _____ Side _____Front _____ Rear

  *** Specify the setback reduction request.

Reason for Request: _____

_____

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_____ _____
Date Signature of Applicant

_____ _____
Date Signature of Property Owner