

**Town of Narrows**  
**Building Inspection Department**  
P.O. Box 440, 131 Center St.  
Narrows, VA 24124  
(540) 726-2423

**REQUEST FOR VARIANCE / APPEAL**

Date request made: \_\_\_\_\_

Applicant : \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_

Owner of property: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Location of property: \_\_\_\_\_

The Board OF Zoning Appeals is requested to consider the granting of a Variance from the Town Zoning Ordinance, to permit the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and current mailing address of all adjacent property owners, including those located across any road, street, ect. from any part of this property. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information supplied on this document is accurate and true to the best of my knowledge. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

APPROVED

DISAPPROVED

Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_