

DINWIDDIE COUNTY PLANNING & ZONING DEPARTMENT LAND USE AMENDMENT APPLICATION



Dinwiddie County
Planning Department
P. O. Drawer 70
Dinwiddie, Virginia 23841
(804) 469-4500 ext. 2117
(804) 469-5322 /fax

Rec'd 3-2-2020 Case No.: C-20-4
Date Rec'd 3-2-2020 Fee Amount: \$ 1500⁰⁰
Time Rec'd 2:00pm Receipt No: 32240
Pre-Application Conference Date: 2-19-2020
This application has been amended: YES NO
Reviewed by: _____

*Information must be typed or printed and completed in full.
Attach additional pages where necessary.*

1) LAND USE INFORMATION	
(Check One): <input checked="" type="checkbox"/> BOS <input checked="" type="checkbox"/> PC <input type="checkbox"/> BZA <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal Amend Previous Case: <input type="checkbox"/> Y <input type="checkbox"/> N Previous/Renewed Case#: _____ Land Use Taxation: <input type="checkbox"/> Y <input type="checkbox"/> N	
Application Type: (Check One): <input type="checkbox"/> Variance <input type="checkbox"/> Administrative Variance <input checked="" type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Rezoning <input type="checkbox"/> Street Vacation <input type="checkbox"/> Special Exception <input type="checkbox"/> Amendment	
Description of Request: <u>EXCAVATION & MINING OF SAND & GRAVEL</u>	
Existing Zoning: <u>Agriculture</u>	Existing Acreage: <u>50 (87-12) 84 (87-11 + 87-10)</u>
Proposed Zoning: _____	Proposed Acreage: _____
Water (Check One): <input type="checkbox"/> Public	Total Acreage: <u>134</u>
Sewer (Check One): <input type="checkbox"/> Public	<input type="checkbox"/> Well (<u>Lake water</u>)
	<input type="checkbox"/> On-site Well and Septic (<u>Portable Facilities</u>)
Attached: (Check): <input type="checkbox"/> Miscellaneous Information <input type="checkbox"/> Master Plan <input type="checkbox"/> Text Statement <input type="checkbox"/> Proffered Conditions	
2) APPLICANT/AGENT INFORMATION	
Applicant(s): <u>Therman S. Shands, Leek A. Shands</u>	Home/Cell# <u>404 896 2896</u>
Address: <u>26797 Trouble Creek Road Stony Creek Va 23882</u>	Work# <u>257 438 3160</u>
Agent(s): <u>Henry Taylor Stony Creek material</u>	Home/Cell# <u>757-334-4764</u>
Address: <u>11331 CENTRAL HILLRD WINSOR 23487</u>	Work# <u>757-334-0064</u>
<u>I.W. COUNTY</u>	
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contract Purchaser
<input type="checkbox"/> Other: _____	
3) PROPERTY OWNER INFORMATION	
Property Owner's Name and address (see note on last page): <u>Therman S. Shands, Leek A. Shands</u>	Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.): _____
Contact# _____	_____
Property Tax Parcel Number: <u>87-11 & 87-10 87-12</u>	Phone# _____

4.)

SUBJECT PARCEL INFORMATION

General Location of Project: _____

Tax Map # 87-11
Subdivision Name: _____
Section: _____ Block _____
Address: OFF Troublefield Rd
Zoning: Ag Acreage 50
Existing Use: Agriculture
Conditions: _____

Tax Map # 87-10
Subdivision Name: _____
Section: _____ Block _____
Address: OFF Troublefield Rd
Zoning: Ag Acreage: 34
Existing Use: Agriculture
Conditions: _____

Tax Map # 87-12
Subdivision Name: OFF Troublefield Rd
Section: _____ Block _____
Address: _____
Zoning: Ag Acreage 50
Existing Use: _____
Conditions: _____

Tax Map # _____
Subdivision Name: _____
Section: _____ Block _____
Address: _____
Zoning: _____ Acreage: _____
Existing Use: _____
Conditions: _____

Explain fully the proposed use, type of development, operation program, reason for this request, etc.:

MINERAL EXTRACTION OF SAND & GRAVEL FOR RESALE
AND USE IN THE PRODUCTION OF ASPHALT & CONCRETE
AS WELL AS SUPPLYING SITE MATERIALS FOR COMMERCIAL
AND RESIDENTIAL CONSTRUCTION PROJECTS BOTH LOCALLY
AND WITHIN NEIGHBORING LOCALITIES

State how this request will not be materially detrimental to adjacent property, the surrounding neighborhood or county in general. Include, where applicable, information concerning: Use of public utilities; effect of request on public schools; effect on traffic, to include means of access to nearest public road; effect on existing and future area development; etc.:

ALL OPERATIONS WILL BE SELF CONTAINED WITH NO INFLOWS OR
OUTFLOWS TO WATER SOURCES OR ADJACENT PARCELS. AREA WILL BE
SCREENED WITH EXISTING TREE LINE & BERMS. NO PUBLIC UTILITIES
REQUIRED OTHER THAN TO SITE OFFICE. NO IMPACT ON PUBLIC SCHOOL SYSTEM
INGRESS & EGRESS TO BE VDOT COMPLIANT. ALL DISTURBED AREA TO MEET DMME
reclamation guidelines.
List case numbers and explain any existing use permit, special exception, conditional use or variance
previously granted on the parcels in question:

While there have been no permits, special exceptions, conditional
use of variances granted for subject parcels conditional use
permit has been granted for neighboring parcels known as
811-13 and 811-16. Approval of this request will allow the
expansion of the existing operation associated with those parcels

If requesting a variance or special exception, explain the unique physical hardship or extraordinary situation that is justification for the request:

N/A

Complete names and address (including Zip codes) of all owners adjacent, across the road or highway from the property and across any railroad right-of-way, creek, river, from such property must be obtained by the applicant from the Commissioner of the Revenue, Pamplin Administration Building. If such property lies in another county or city, the respective jurisdiction will provide this information to the applicant. Applications with incomplete parcel information will not be accepted.

1. The required fee must accompany this application. A fee schedule is available from the Planning Department, 14016 Boydton Plank Road, Pamplin Administration Building, Dinwiddie Virginia. Checks must be made payable to: "Treasurer, County of Dinwiddie".

2. Enclosed with the application, a copy of the appropriate county tax map with the property marked (provided at pre-application conference) and, if available, a surveyed plat of the entire parcel.

3. Enclose with this application any required plans or plats (plans must be folded).

4. I/We hereby certify that to the best of my/our knowledge all the above statements and the statements contained in any exhibits transmitted are true and that the adjacent property owners listed herewith are the owners of record as of the date of the application:

Date: 3-2-20, 2020

SIGNATURE OF AGENT* Henry Layden / Todd M. Bryant
(Name of person other than, but acting for, the property owner and responsible for this application.)

AGENT'S NAME HENRY LAYDEN / Todd M Bryant
(Typed or printed)

SIGNATURE OF APPLICANT** Thermon's Shands / Jack A Shands
(Same name as used in Item 2, Page 1)

APPLICANT'S NAME _____
(Typed or printed)

I authorize you, the merchant, to initiate an electronic debit to my account for the amount rendered on this check plus the legal limit returned check fee if the item is dishonored. The use of a check for payment is my acceptance of this policy. Signature _____

Notes: Incomplete application will not be accepted. Any request that requires plans must be accompanied by those plans at the time submission of the application.

*Agent must file power of attorney from the property owner(s) giving the agent authority to submit this application.

** If the applicant is not the owner of the property, the applicant must file power of attorney from the property owner(s) giving the applicant authority to submit this application.

**DINWIDDIE COUNTY PLANNING
&
ZONING DEPARTMENT
SPECIAL LIMITED POWER OF
ATTORNEY APPLICATION**



Planning Department – Post Office Drawer 70 – Dinwiddie, Virginia 23841
Phone (804) 469-4500 ext. 2117 Fax (804) 469-5322

Know all men by these presents: That I (We)

(Name): Thermon S. Shanks & Leah A. Shanks (Telephone): 804 896-2896
(Address): 26709 TROUBLEFIELD RD STONEY CREEK VA 23882

The owner(s) of all those tracts or parcels of land ("Property") conveyed to me (us), by deed recorded in the Clerk's Office of the Circuit Court of the County of Dinwiddie, Virginia, by

Instrument No. _____, on Page _____, and is described as Tax Map Parcel #. 07-10, 07-11, 07-12 do hereby make, constitute and appoint

(Name): Denny Rayburn / Todd Bayant (Telephone): 757-438-3160
(Address): 11331 CENTRAL HILL RD WINSOR TOWNSHIP VA 23487

To act as my true and lawful attorney-in-fact and in my (our) name, place and stead with full power and authority I (we) would have if acting personally to file planning applications for my (our) above described Property, to include (put a checkmark next to the appropriate action that applies(y):

- | | | |
|--|--|---|
| <input type="checkbox"/> Rezoning Request (including proffers) | <input type="checkbox"/> Building Permit(s) | |
| <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Subdivision Exception | |
| <input type="checkbox"/> Preliminary Subdivision Plat | <input checked="" type="checkbox"/> Site Plan of Development | <input type="checkbox"/> Landscape Plan |
| <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> Site Plan Modification | <input type="checkbox"/> Lighting Plan |
| <input type="checkbox"/> Subdivision Construction Plans | <input type="checkbox"/> Variance Request | <input type="checkbox"/> Transfer of Approval |

My attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows:

This authorization shall expire one year from the day it is signed, or unto it is otherwise rescinded or modified in witness thereof, I (we) have hereto set my (our) hand and seal this 2nd day of March, 2020.

Signature(s) Thermon S. Shanks & Leah A. Shanks
State of Virginia, City/County of Dinwiddie, To-wit:

I, Cindy M. Pike, a Notary Public in and for the jurisdiction aforesaid, certify that the person(s) who signed to the foregoing instrument and who is (are) known to me, personally appeared before me and has acknowledged the same before me in the jurisdiction aforesaid this 2nd day of March, 2020.

My commission expires:

Cindy M. Pike
Notary Public

