

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 3/6/2020 Case No.: C-20-~~X~~5
 Date Rec'd _____ Fee Amount: _____
 Time Rec'd 4:30pm Receipt No: _____
 Pre-Application Conference Date: _____
 This application has been amended: YES NO
 Reviewed by: [Signature]

*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 checked="" 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>APPLY TO USE TAX PARCEL # 28-35 AS A LAYDOWN / STORAGE YARD FOR THE ADJACENT BUSINESS</u>	
Existing Zoning: _____ Proposed Zoning: _____	Existing Acreage: <u>21.21</u> Proposed Acreage: <u>21.21</u> Total Acreage: <u>21.21</u>
Water (Check One): <input type="checkbox"/> Public <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Well Sewer (Check One): <input type="checkbox"/> Public <input checked="" type="checkbox"/> N/A <input type="checkbox"/> On-site Well and Septic	
Attached: (Check): <input checked="" 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>OGBURN / OGBURN TRUCKING LLC</u> Home/Cell# <u>804-731-3909</u> Address: <u>16308 WILKINSON RD. DINWIDDIE 23841</u> Work# _____ Agent(s): <u>HAMPTON GORDON</u> Home/Cell# _____ Address: <u>PO BOX 53, DINWIDDIE VA. 23841</u> Work# _____ <input checked="" 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>APPLICANT</u>	Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.): _____
Contact# _____	Phone# _____
Property Tax Parcel Number: <u>28-35</u>	

4.)

SUBJECT PARCEL INFORMATION

General Location of Project: PROPERTY LIES BETWEEN RT. 460
WEST BOUND LANE, ZION ROAD & BALTIMORE
ROAD

Tax Map # T.P.# 28-35
Subdivision Name: _____
Section: _____ Block _____
Address: _____
Zoning: A-2 Acreage 21.21
Existing Use: WOODED
Conditions: _____

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

Tax Map # _____
Subdivision Name: _____
Section: _____ Block _____
Address: _____
Zoning: _____ Acreage _____
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.:

APPLICANT DESIRES TO USE IN CONSTRUCTION WITH HIS EXISTING BUSINESS ADJACENT TO THIS SITE THE APPLICANT CURRENTLY STORES AND MODIFIES STEEL PRODUCT ON HIS ~~EXISTING~~ EXISTING SITE TP#28-36, APPLICANT WILL USE TP#28-35 FOR STORAGE ONLY.

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.:

THIS APPLICATION WILL HAVE NO NEGATIVE EFFECTS ON ~~ADJACENT~~ ADJACENT PROPERTIES, TRAFFIC, UTILITIES, ETC.

List case numbers and explain any existing use permit, special exception, conditional use or variance previously granted on the parcels in question:

N/A

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.

Property Owner Name	Property Owner <u>Mailing Address</u>	Tax Parcel #
WILLIAM D. SALMONS	9703 ZION RD. FORD VA. 23850	28-35A
FORD PROPERTIES LLC & THRGILL MILLER LLC	36604 INNSBROOK CIR. PARCELLVILLE, VA. 20132	28-31
		28-33A
		28-34
		28-36
		28-35B

} 28-31

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: 3/6/20, ~~2020~~

SIGNATURE OF AGENT* HAMPTON GORDON
 (Name of person other than, but acting for, the property owner and responsible for this application.)

AGENT'S NAME Neil H. Gordon
 (Typed or printed)

SIGNATURE OF APPLICANT** _____
 (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, Virginia

Legend

- County Boundaries
- Parcel Labels
- Parcels

28-35
SUBSET PROPERTY



Title:

DISCLAIMER: This drawing is neither a legally recorded map nor a survey and is not intended to be used as such. The information displayed is a compilation of records, information, and data obtained from various sources, and Dinwiddie County is not responsible for its accuracy or how current it may be.

Date: 3/6/2020

Map Printed from Dinwiddie
<http://dinwiddie.mapsdirect.net/>

