

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 6-1-20 Case No.: D-20-1
Date Rec'd 6-3-20 Fee Amount: 1500-
Time Rec'd _____ Receipt No: 32353
Pre-Application Conference Date: Feb. 27, 2020 of Phone Calls
This application has been amended: YES NO
Reviewed by: Mark Smith

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

1) LAND USE INFORMATION	
(Check One): <input type="checkbox"/> BOS <input type="checkbox"/> PC <input type="checkbox"/> BZA <input 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 type="checkbox"/> Conditional Use Permit <input checked="" type="checkbox"/> Rezoning <input type="checkbox"/> Street Vacation <input type="checkbox"/> Special Exception <input type="checkbox"/> Amendment	
Description of Request: <u>To change back to B2. Was changed to A2 in 2008 when the church received a conditional use permit to operate as a residential conference center/retreat center/banquet facility</u>	
Existing Zoning: <u>AZ</u>	Existing Acreage: <u>21.76 ac</u>
Proposed Zoning: <u>B2</u>	Proposed Acreage: _____
Water (Check One): <input type="checkbox"/> Public <input checked="" type="checkbox"/> Well	Total Acreage: _____
Sewer (Check One): <input type="checkbox"/> Public <input checked="" type="checkbox"/> On-site Well and Septic	
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>Provident Care LLC</u> Home/Cell# <u>(804) 861-9500</u> Address: <u>5205 Church Dr. North Dinwiddie VA 23803</u> Work# <u>(804) 605-2448</u> Agent(s): <u>Provident Care LLC by Joyce Sims</u> Home/Cell# _____ Address: <u>same as above</u> Work# _____	
<input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser <input checked="" type="checkbox"/> Other: <u>Lessee</u>	
3) PROPERTY OWNER INFORMATION	
Property Owner's Name and address (see note on last page): <u>CEO of the AME Zion Church</u> <u>9500 Arena Dr. Suite 102, Largo MD 20774</u> Contact# <u>(804) 731-2600</u>	Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.): _____ _____
Property Tax Parcel Number: <u>57-80C</u>	Phone# _____

4.)

SUBJECT PARCEL INFORMATION

General Location of Project: 18626 Lundys Road, Dinwiddie VA
23841

Tax Map # 57-80C
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: _____

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

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

The building, formally a personal care facility for the aged, will now operate as an assisted living facility for residents who are deemed appropriate using a screened application process. It will serve as a resource for family members of residents who require daily assistance with activities of daily living. This will be performed by an extensive staff that will include licensed professionals including CNAs, medical technicians, and LPNs. There will also be an activities director who will be responsible for the daily schedule of meaningful and interactive activities as required by the Virginia Department of Social Services.. The facility will be led by a Wellness Director who is typically an LPN and an executive director who is often an RN with a unique license to run an assisted living facility. The residents will have the choice of semi and private rooms, access to on-site food preparation, and room service to include daily cleaning and laundry if requested. The residents will also have an on-site medical team that can serve as their primary care provider and/or urgent care provider should they need medical attention.

2. 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.

Due to the relatively remote location of the facility any traffic generated from visitors and family members will not cause disruption to main traffic flow of the area. Due to the service provided by the facility, this will add several jobs to the community and therefore inject working dollars into the local economy. It will not negatively impact any of the surrounding government operations, schools, or traffic due to its location being not in a major thoroughfare. It is not expected that the operations of the facility will have any effect on the local traffic.

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

The Lula G. Williams Assisted Living Facility was originally approved as a "personal care facility for the aged". After it closed, the designation was changed to a Retreat status. We are requesting to be reapproved for the original purpose of providing assisted living services.

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

N/A

5. Complete names and addresses (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

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: May 29, 2020

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

AGENT'S NAME Provident Care LLC by Joyce Sims
(Typed or printed)

SIGNATURE OF APPLICANT** Joyce Sims
(Same name as used in Item 2, Page 1)

APPLICANT'S NAME Provident Care LLC by Joyce Sims
(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 Joyce Sims

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): CED AME Zion Church _____ (Telephone): (301) 322-3866 _____

(Address): 9500 Medical Center Drive, Suite 102, Largo, MD 20774 _____

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. 040645299 _____, on Page 16/319 _____, and is described as Tax Map Parcel #(s).
57-80C _____ do hereby make, constitute and appoint

(Name): Provident Care. _____ (Telephone): 804-861-9500 _____

(Address): 5205 Church Dr. North Dinwiddie, VA 23803 _____

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 checked="" 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 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 1st day of June, 2020.

Signature(s) T. J. Quab _____

State of Virginia, ~~City~~ County of Prince George, To-wit:

I Pamela C. Kissner _____, 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 1st day of June, 2020.

My commission expires: 7-31-21

Pamela C Kissner
Notary Public

Notary Registration #: 159509

Part of Tax Parcel No. 57-80C

PROFFERS

THESE PROFFERS are made this 29th day of May, 2020 by Tileston K.

Venable _____

together with its successors and assigns, (the "Owner").

RECITALS

- A. Owner legally possess the tract or parcel of land located in Dinwiddie County, Virginia, (the County) located at the terminus of Lundys Road (Route 679), Dinwiddie, Virginia and being a part of Tax Parcel No. 57-80C containing approximately 21.76 acres to be rezoned from A-2 to B-2. Property located on the southern end of Lundys Road, in the Rowanty District, Dinwiddie County, Virginia (the "Property").
- B. The Property is within the Planned Growth Area on the County's Comprehensive Plan and is zoned Agricultural, General, A-2. An application has been made to rezone the Property from Agricultural, General, A-2 to Business, General, B-2 with proffers.
- C. The Owner desires to offer to the County certain conditions on the development of the Property not generally applicable to land zoned Business, General, B-2.

NOW, THEREFORE, for and in consideration of the approval of the requested rezoning, and pursuant to Section 15.2-2298 of the Code of Virginia, 1950, as amended, and the County Zoning Ordinance, Owner agrees that it shall meet and comply with all of the following conditions in developing the Property. If the requested rezoning is not granted by the County, these proffers shall be null and void. The following proffered conditions are stated as follows:

CONDITIONS

1. The use on the Property will be limited to assisted living facility, with a conditional use permit.

WITNESS the following signature:

BY T. Venable
Owner

COMMONWEALTH OF VIRGINIA

County of Prince George, to-wit:

The foregoing was acknowledged this 1st day of June, 2020 by
Dileston K. Venable

My commission expires: 7-31-21.

Notary Registration #: 159509

Pamela C. Kissner (SEAL)
Notary Public

