



Dinwiddie County  
 Planning Department  
 P. O. Drawer 70  
 Dinwiddie, Virginia 23841  
 (804) 469-4542 ext 117  
 (804) 469-5322 /fax

|   |                   |
|---|-------------------|
| Rec'd _____                               | Case No.: _____   |
| Date Rec'd _____                          | Fee Amount: _____ |
| Time Rec'd _____                          | Receipt No: _____ |
| Pre-Application Conference Date: _____    |                   |
| This application has been amended: YES NO |                   |
| Reviewed by: _____                        |                   |

# LAND USE AMENDMENT APPLICATION

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

|   |  |  |
|---|--|--|
| <b>1) LAND USE INFORMATION</b>  |  |  |
| (Circle): BOS / PC / BZA  | New/Renewal<br>Previous/Renewed Case#: _____ | Amend Previous Case: Y / N<br>Land Use Taxation: Y / N |
| Application Type: (Circle One): <input type="checkbox"/> Variance <input type="checkbox"/> Administrative Variance <input type="checkbox"/> Conditional Use Permit<br><input type="checkbox"/> Rezoning <input type="checkbox"/> Street Vacation <input type="checkbox"/> Special Exception<br><input type="checkbox"/> Amendment |  |  |
| Description of Request: _____<br>_____  |  |  |
| Existing Zoning: _____  | Existing Acreage: _____                      |  |
| Proposed Zoning: _____  | Proposed Acreage: _____                      |  |
|   | Total Acreage: _____                         |  |
| Water (Circle One): Public Well   |  |  |
| Sewer (Circle One): Public On-site Well and Septic  |  |  |
| Attached: (circle): Miscellaneous Information/Master Plan/Textual Statement/Proffered Conditions  |  |  |

|                                       |                  |
|---------------------------------------|------------------|
| <b>2) APPLICANT/AGENT INFORMATION</b> |                  |
| Applicant(s): _____                   | Home/Cell# _____ |
| Address: _____                        | Work# _____      |
| Agent(s): _____                       | Home/Cell# _____ |
| Address: _____                        | Work# _____      |

|   |   |
|---|---|
| <b>3) PROPERTY OWNER INFORMATION</b>  |   |
| Property Owner's Name and address (see note on last page):<br>_____<br>_____<br>_____   | Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.):<br>_____<br>_____ |
| Property Tax Parcel Number: <input type="text"/>  | Phone# _____  |
| Is the applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Other: _____ |   |

4.)

**SUBJECT PARCEL INFORMATION**

**General Location of Project:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

**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.:**

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**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.:**

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

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

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**5. 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.**



6. 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".
7. 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.
8. Enclose with this application any required plans or plats (plans must be folded).
9. 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:** \_\_\_\_\_, 20\_\_\_\_

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

**AGENT'S NAME** \_\_\_\_\_  
 (Typed or printed)

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

**APPLICANT'S NAME** \_\_\_\_\_  
 (Typed or printed)

**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.