

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 2/25/2021 Case No.: P-21-1
Date Rec'd Feb. 25, 2021 Fee Amount: 1500.00
Time Rec'd 1:00pm Receipt No: 32914
Pre-Application Conference Date: _____
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 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 checked="" type="checkbox"/> Rezoning <input type="checkbox"/> Street Vacation <input type="checkbox"/> Special Exception <input type="checkbox"/> Amendment | |
| Description of Request: <u>Rezone From R-1 to R2</u> | |
| Existing Zoning: <u>R-1</u> | Existing Acreage: <u>7.439 +/- acres</u> |
| Proposed Zoning: <u>R-2</u> | Proposed Acreage: _____ |
| | Total Acreage: _____ |
| Water (Check One): <input checked="" type="checkbox"/> Public <input type="checkbox"/> Well | |
| Sewer (Check One): <input checked="" type="checkbox"/> Public <input type="checkbox"/> On-site Well and Septic | |
| Attached: (Check): <input type="checkbox"/> Miscellaneous Information <input checked="" type="checkbox"/> Master Plan <input type="checkbox"/> Text Statement <input type="checkbox"/> Proffered Conditions | |
| 2) APPLICANT/AGENT INFORMATION | |
| Applicant(s): <u>Donnie Bostic</u> Home/Cell# <u>804-712-6631</u> | |
| Address: <u>P.O. Box 37 Church RD, VA. 23833</u> Work# _____ | |
| Agent(s): <u>Ronald Gordon & Associates</u> Home/Cell# <u>804-691-4736</u> | |
| Address: <u>14100 Baydon Park Rd 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>Bostic Real Estate Properties</u> <u>Slade & Sons Construction LLC</u> Contact# <u>804-712-6631</u> | Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.): _____ _____ _____ |
| Property Tax Parcel Number: <u>9-33 & 9-32A</u> | Phone# <u>804-712-6631 & 804-892-7411</u> |

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

74 Unit Apartment Complex

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.:

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

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

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.

4.)

SUBJECT PARCEL INFORMATION

General Location of Project: TP# 9-33: 9-32A (Fernvale RD)

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. 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: 02/23, 2021

SIGNATURE OF AGENT*

(Name of person other than, but acting for, the property owner and responsible for this application.)

AGENT'S NAME Hampton Gordon

(Typed or printed)

SIGNATURE OF APPLICANT**



(Same name as used in Item 2, Page 1)

APPLICANT'S NAME Arthur Bostic IV

(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.