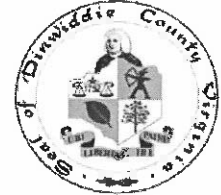


# DINWIDDIE COUNTY PLANNING & ZONING DEPARTMENT LAND USE AMENDMENT APPLICATION



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

Rec'd 3/24/2021 Case No.: P-21-2  
Date Rec'd " Fee Amount: \$1,500.00  
Time Rec'd 10:45 AM Receipt No: \_\_\_\_\_  
Pre-Application Conference Date: March 2021  
This application has been amended:  YES  NO  
Reviewed by: Mark Jones

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

Planning Commission Mtg.  
Date: May 12, 2021  
7:00 PM

<b>1) LAND USE INFORMATION</b>	
(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 checked="" 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: _____	
Existing Zoning: <u>FRONT B-1</u> <u>A-1 (R-1)</u>	Existing Acreage: <u>2</u>
Proposed Zoning: <u>B-1</u>	Proposed Acreage: <u>-</u>
	Total Acreage: <u>2</u>
Water (Check One): <input type="checkbox"/> Public <input type="checkbox"/> Well	
Sewer (Check One): <input type="checkbox"/> Public <input 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	
<b>2) APPLICANT/AGENT INFORMATION</b>	
Applicant(s): <u>Samuel E. Bishop, III</u> Home/Cell# <u>804-721-5558</u> Address: <u>13621 Boynton PLANK Rd, P.O. Box 52, Dinwiddie, VA 23841</u> Work# <u>same</u> Agent(s): _____ Home/Cell# _____ Address: _____ Work# _____	
<input checked="" type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Other: _____	
<b>3) PROPERTY OWNER INFORMATION</b>	
Property Owner's Name and address (see note on last page): <u>same as above</u>	Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.): <u>P.O. Box 52, Dinwiddie, VA 23841</u>
Contact# _____	Phone# <u>same as above</u>
Property Tax Parcel Number: <u>Pt. of 45D-1-4</u>	

4.)

**SUBJECT PARCEL INFORMATION**

General Location of Project: 2 acres land  
Between 13707 Boydton PLANK Rd. AND  
13723 Boydton PLANK Rd., Dinwiddie, VA  
23841

Front  
B-1

Tax Map # 45D-1-4  
Subdivision Name: \_\_\_\_\_  
Section: \_\_\_\_\_ Block \_\_\_\_\_  
Address: \_\_\_\_\_  
Zoning: A-1 Acreage 2  
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: \_\_\_\_\_

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

Rezone to Business use for sale

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.:

Growth of business in our County  
Jobs, taxes, and value to the County

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

none

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

none

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: 3/24, 20 21

SIGNATURE OF AGENT\* ✓ n/a  
(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\*\* ✓ Samuel E. Bishop III  
(Same name as used in Item 2, Page 1)

APPLICANT'S NAME Samuel E. Bishop, III  
(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 ✓ Samuel E. Bishop III

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.