

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 6-9-9 Case No.: C-21-3
Date Rec'd 6-9-21 Fee Amount: 1500
Time Rec'd MORNING Receipt No: 33198
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 page(s) where necessary.

1) LAND USE INFORMATION

(Circle): BOS / PC / BZA New/Renewal Amend Previous Case: Y / N
Previous/Renewed Case#: _____ Land Use Taxation: Y / N

Application Type: (Circle One): Variance Administrative Variance Conditional Use Permit
 Rezoning Street Vacation Special Exception
 Amendment

Description of Request: _____

Existing Zoning: A-2 Existing Acreage: 52.5
Proposed Zoning: SE Proposed Acreage: N/A
Total Acreage: 52.5

Water (Circle One): Public Well
Sewer (Circle One): Public On-site Well and Septic

Attached: (circle): Miscellaneous Information/Master Plan/Textual Statement/Proffered Conditions

2) APPLICANT/AGENT INFORMATION

Applicant(s): Borrego (contact: Alex Deuson, P.E.) Home/Cell# _____
Address: _____ Work#804-904-7068

Agent(s): AES Consulting Engineers (contact: John Bennett, P.E.) Home/Cell# _____
Address: 4120 Cox Rd, Glen Allen, VA 23060 Work#804-330-8040

Property Owner Contract Purchaser Other: Developer

3) PROPERTY OWNER INFORMATION

Property Owner's Name and address (see note on last page):
Keith B. & Stephanie S Freeman

Contact# _____
Property Tax Parcel Number(s): 80-40

Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.):

Contact# _____

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

See attached Narrative.

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.:

See attached narrative and supporting attachments.

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

N/A

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 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: May 20, 2021

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

AGENT'S NAME Alexander Deuson
 (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.