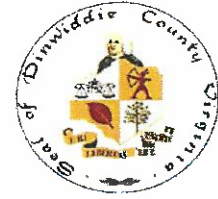


DINWIDDIE COUNTY PLANNING & ZONING DEPARTMENT

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 MSB Case No.: P-21-7+C-21-6
 Date Rec'd Aug. 5, 2021 Fee Amount: \$3,000.00
 Time Rec'd 7PM Receipt No: _____
 Pre-Application Conference Date: Oct. 19, 2021
 This application has been amended: YES NO
 Reviewed by: MSB Dec. 8 7:00 PM PC Mtg.

*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 type="checkbox"/> PC <input type="checkbox"/> BZA <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal Amend Previous Case: <input checked="" 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 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>Amend existing CUP for a sand and gravel mining operation to rezone to M-2 with a CUP for a stone quarry</u>	
Existing Zoning: <u>A-2 / R-1</u> Proposed Zoning: <u>M-2</u>	Existing Acreage: <u>221.56</u> Proposed Acreage: <u>21.81</u> Total Acreage: <u>243.37</u>
Water (Check One): <input type="checkbox"/> Public <input checked="" type="checkbox"/> Well Sewer (Check One): <input type="checkbox"/> Public <input checked="" 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>Vulcan Lands, Inc.</u> Home/Cell# _____ Address: <u>1200 Urban Center Drive, Birmingham, AL 35242</u> Work# <u>804-425-9474</u> Agent(s): <u>Jack R. Wilson, III</u> Home/Cell# <u>804-690-0911</u> Address: <u>9401 Courthouse Rd. Suite 204, Chesterfield, VA 23832</u> Work# <u>804-425-9474</u>	
<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>Vulcan Lands, Inc.</u> <u>1200 Urban Center Drive, Birmingham, AL 35242</u> Contact# <u>804-425-9474</u>	Property Owner's Mailing Address (If this address is different from that listed in the Assessor's Office.): _____ Phone# <u>804-425-9474</u>
Property Tax Parcel Number: 21-1, 9-4	

4.) SUBJECT PARCEL INFORMATION

General Location of Project: Existing Jack Quarry _____

Tax Map # 21-1
Subdivision Name: _____
Section: _____ **Block** _____
Address: _____
Zoning: A-2 Acreage: 221.56
Existing Use: Quarry
Conditions: _____

Tax Map # 9-4
Subdivision Name: _____
Section: _____ **Block** _____
Address: _____
Zoning: R-1 Acreage: 21.81
Existing Use: Vacant
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.:

The applicant seeks to rezone the 2 parcels to M-2 with a conditional use permit to allow for the continued operation of its existing quarry

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.:

There will be no material detriments to adjacent properties. Significant berms and buffers are or will be installed.

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

A-88-40, C-88-15 were approved in 1989 to permit a quarry operation on Tax Parcel 21-1.

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.

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: 7/28, 2021

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

AGENT'S NAME _____

SIGNATURE OF APPLICANT** (Typed, or printed)
Lindsay L. Sinor
769E11FB929A46D

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

APPLICANT'S NAME Lindsay L. Sinor, President - Vulcan Lands, Inc.
(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.