

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 _____ 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: _____

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

1) LAND USE INFORMATION

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

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

Description of Request: _____

Existing Zoning: _____ Existing Acreage: _____
 Proposed Zoning: _____ Proposed Acreage: _____
 Total Acreage: _____

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

Attached: (Check): Miscellaneous Information Master Plan Text Statement Proffered Conditions

2) APPLICANT/AGENT INFORMATION

Applicant(s): _____ Home/Cell# _____
 Address: _____ Work# _____
 Agent(s): _____ Home/Cell# _____
 Address: _____ Work# _____

Property Owner Contract Purchaser Other: _____

3) PROPERTY OWNER INFORMATION

Property Owner's Name and address (see note on last page):

 Contact# _____

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

Property Tax Parcel Number: Phone# _____

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: _____

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

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.

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: _____, 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)

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.