

LAND USE AMENDMENT APPLICATION

For the purpose of assuring good arrangement, appearance, function, harmony with surroundings and adjacent uses, and compliance with the requirements of the Louisa County Zoning Ordinance regulations, the following information is required when applications are submitted for the following: Conditional Use Permits, Rezoning, Temporary Conditional Use Permits and Variances. **A pre-application meeting must be scheduled for Conditional Use Permits, Temporary Use Permits and Rezonings.**

Checklist for Land Use Amendment Application

To be Completed by the Firm or Person(s) Submitting the Application

_____ COMPLETED APPLICATION

(If the applicant is different from the owner - signatures are required from the applicant and the record owner.)

_____ COPY OF CONTRACT (if applicable)

_____ COUNTY TAX MAP showing the subject property

_____ CERTIFIED PLAT of the subject property (Only the Zoning Administrator can waive this requirement.)

_____ PRELIMINARY SITE PLAN - which includes the following:

-Location of proposed or existing structure(s) - including the dimensions, distance from all property lines and distance from all other structures.

-Parking areas, driveways and entrances - including the number of parking spaces, location of driveway and length and any pertinent information from the Highway Department regarding site distance, type of entrance, etc.

-Location of proposed and/or existing utilities - including well, septic, telephone, power lines, etc. Also include any pertinent information from the Health Department regarding installation or upgrade of well and septic system.

-All building restriction lines, highway setback lines, utility easements, covenants, reservations and rights-of-ways.

-Owner(s), present use and zoning of all contiguous or abutting property - including that in a subdivision, across any highway, railroad right-of-way, creek or river, even if the property lies in another County or Town.

-Recreation and open spaces.

-Any provisions for buffering.

-Any other applicable plans, renderings, elevations or photographs.

Reviewer: _____ Case # _____
Fee Rcv'd: _____ Rcpt # _____
Date & Time Rcv'd: _____
Pre-App Meeting: _____

LAND USE AMENDMENT APPLICATION

Board of Supervisors of Louisa County, Virginia

The following information shall be typed or printed and completed in full. Attach additional pages where necessary.

1. IDENTIFICATION OF REQUEST:

- A: REZONING: From _____ () to _____ ()
- B: CONDITIONAL USE: _____

- C: TEMPORARY CONDITIONAL USE: _____

- D: VARIANCE: _____

- E: PROFFER AMENDMENT: _____

- F: COMP PLAN AMENDMENT: _____

- G: COMP PLAN PUBLIC FACILITIES: _____

- H: SPECIAL EXCEPTION: _____

2. APPLICANT, PROPERTY OWNER, AGENT

- A. NAME OF APPLICANT: _____
If a corporation, name of agent: _____
- B: MAILING ADDRESS: _____
_____ Telephone # _____
- C: NAME OF PRESENT OWNER OF PROPERTY ON WHICH THIS REQUEST WILL OCCUR:

- D. MAILING ADDRESS: _____
_____ Telephone # _____

If the applicant is not the owner of the property in question, explain: _____

A copy of pending contract or option agreement shall be attached hereto and made a part of this application.

E. NAME OF PERSON TO BE NOTIFIED IN ADDITION TO THE APPLICANT AND/OR PROPERTY OWNER: _____

F. ADDRESS: _____
Telephone #: _____

3. **LOCATION OF PROPERTY** (Assistance will be given in obtaining the following information upon request).

A. VOTING DISTRICT _____ B. TAX MAP # _____

C. SUBDIVISION NAME _____ D. LOT/PARCEL# _____

E. PROPERTY LOCATION _____

F. IS PARCEL UNDER LAND USE TAXATION PROGRAM? _____ YES _____ NO

4. **EXPLAIN FULLY THE PROPOSED USE, TYPE OF DEVELOPMENT, OPERATION PROGRAM, ETC., AND THE REASON OF THIS REQUEST:**

(Attach applicable plans, renderings, elevations, photographs.)

5. **STATE HOW THIS REQUEST WILL NOT BE MATERIALLY DETRIMENTAL TO ADJACENT PROPERTY, THE SURROUNDING NEIGHBORHOOD OR THE COUNTY IN GENERAL. INCLUDE, WHERE APPLICABLE, INFORMATION CONCERNING: USE OF PUBLIC UTILITIES; EFFECT OF REQUEST ON PUBLIC SCHOOLS; EFFECT ON TRAFFIC--INCLUDE MEANS OF ACCESS TO THE NEAREST PUBLIC ROAD; EFFECT ON EXISTING AND FUTURE AREA DEVELOPMENT, ETC.**

6. **EXPLAIN ANY EXISTING USE PERMIT, SPECIAL EXCEPTION, (Prior) CONDITIONAL USE PERMIT, TEMPORARY CONDITIONAL USE PERMIT OR VARIANCE PREVIOUSLY GRANTED ON THE PARCEL IN QUESTION:**

7. **INDICATE THE FOLLOWING WITH RESPECT TO THE SUBJECT PARCEL:**

- A. EXISTING LAND USE(S): _____
- B. EXISTING STRUCTURE(S): _____
- C. EXISTING ZONING: _____
- D. ACREAGE OF REQUEST: _____
- E. UTILITIES: _____
(Intended use, example: public water and/or sewer; individual well and/or septic tank; other source.)
- F. IS THIS PROJECT IN OR NEAR A PINE PLANTATION? _____
- G. IS THIS PROJECT IN AN AG/FORESTAL DISTRICT? _____

8. **IF REQUESTING A VARIANCE, EXPLAIN THE UNIQUE PHYSICAL HARDSHIP OR EXTRAORDINARY SITUATION THAT IS THE JUSTIFICATION FOR THE VARIANCE:**

9. **GIVE COMPLETE NAMES AND ADDRESSES (INCLUDING ZIP CODES) OF ALL OWNERS ADJACENT, ACROSS THE ROAD OR HIGHWAY FACING THE PROPERTY AND ACROSS ANY RAILROAD RIGHT-OF-WAY, CREEK, OR RIVER FROM SUCH PROPERTY, EVEN IF SUCH PROPERTY LIES IN ANOTHER COUNTY OR TOWN. (THIS INFORMATION MUST BE OBTAINED BY THE APPLICANT).**

* PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____

_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____

_____ TAX MAP # _____

MAILING ADDRESS: _____
_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____
_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____
_____ TAX MAP # _____

SUBDIVISION NAME: _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

**10. HERewith IS DEPOSITED THE FEE REQUIRED. CHECKS OR MONEY ORDERS
MADE PAYABLE TO TREASURER , COUNTY OF LOUISA.**

A. REZONING	\$1000 + \$10/Acre*
B. CONDITIONAL USE PERMIT	\$500.00*
C. TEMPORARY CONDITIONAL USE PERMIT	\$250.00*
Temporary Housing*	
Extension or Amendment*	
Other*	
D. VARIANCE	\$500.00*
E. PROFFER AMENDMENT	\$500.00*
F. COMP PLAN AMENDMENT	\$500.00*

*IN ADDITION TO THE STANDARD FEE, AN ADDITIONAL \$50.00 WILL BE CHARGED FOR EACH
REQUEST AS A DEPOSIT ON A ZONING SIGN AND WILL BE REFUNDED UPON THE RETURN OF
THE SIGN BY THE APPLICANT ONCE THE REQUEST HAS BEEN ACTED UPON.

*THERE WILL BE A \$20.00 FEE CHARGED PER ADJACENT/ADJOINING PROPERTY OWNER FOR
NOTIFICATION AND ADVERTISEMENT. THERE WILL ALSO BE AN ADDITIONAL \$250.00, PLUS A

\$20.00 FEE CHARGED PER ADJACENT/ADJOINING PROPERTY OWNER FOR RENOTIFICATION AND RE-ADVERTISEMENT EACH TIME AN APPLICATION IS DELAYED OR POSTPONED AT THE REQUEST OF THE APPLICANT OR NECESSARY DUE TO SOME FAILURE TO ACT ON THE PART OF THE APPLICANT.

11. ENCLOSED WITH THIS APPLICATION IS A SITE PLAN OR TENTATIVE PLAN.

12. ENCLOSED WITH THIS APPLICATION IS THE APPROPRIATE COUNTY TAX MAP WITH THE PROPERTY MARKED AND A SURVEYED PLAT OF THE ENTIRE PARCEL.

13. I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ANY EXHIBITS TRANSMITTED ARE TRUE AND THAT THE ADJACENT PROPERTY OWNERS LIST HEREWITH ARE THE OWNERS OF RECORD AS OF THE DATE OF APPLICATION.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. ANY REQUEST WHICH REQUIRES PLANS MUST BE ACCOMPANIED BY THOSE PLANS AT THE TIME OF SUBMISSION OF THE APPLICATION.

DATE: _____, 20_____.

SIGNATURE OF APPLICANT
(Same Name as Used in Item 2-A, Page 1)

APPLICANT'S NAME
(Typed or Printed)

SIGNATURE OF OWNER
(Same Name as Used in Item 2-C, Page 1)

OWNER'S NAME
(Typed or Printed)

SIGNATURE OF AGENT
(Name of Person Other Than, but Acting for the Applicant, Responsible for this Application)

AGENT'S NAME
(Typed or Printed)

NOTICE TO TEMPORARY CONDITIONAL USE PERMIT APPLICANTS

In accordance with Section 86-22, of the Louisa County Zoning Ordinance, any Temporary Conditional Use Permit granted shall be considered canceled if the applicant does not avail himself/herself of the privilege within ninety (90) days from the date of issuance of the Temporary Conditional Use Permit.