Land DEVELOPMENT & ZONING APPLICATION
DEPARTMENT OF BUILDING & ZONING
202 S Church Lane
P O Box 1079
Tappahannock, VA 22560
(804) 443-4951
(804) 445-8023 fax

CASE NUMBER: ____________ PERMIT NUMBER: ____________

1. TYPE OF REQUEST – Check all/any that apply.
□ Rezoning: From ______________________ To: ______________________
□ Site Construction Plan □Major - Name of Development: ______________________
□ Minor - Name of Development: ______________________
□ Conditional Use Permit (ordinance section): ______________________
□ Subdivision
Types: □ Minor □Family □Major
□ Boundary line adjustment/Lot Consolidation
□ Preliminary Name & Phase/Section: ______________________
□ Final/Record Name & Phase/Section: ______________________
□ Final/Record Name: ______________________
□ Land Disturbance □ Chesapeake Bay Exception
□ Right-of-way Vacation □ Major WQIA □ Minor WQIA
□ Administrative Appeal (zoning/building): ______________________
□ Zoning Variance/Special Exception: Specify ordinance section: ______________________
□ Subdivision Variance: Specify ordinance section: ______________________

□ Zoning Permit - GENERAL INFORMATION FOR ALL ZONING PERMITS:
Tax Map Number: ____________ Site Address: ______________________
Water/Sewer Supply: □ Well/Septic □ Central □ Public
Existing Land Use: ______________________ Proposed Land Use: ______________________
Proposed Building Use: ______________________
□ New Building □ Addition □ Change-in-Use/Modification □ Accessory Structure

Residential - Zoning District: ____________ Magisterial District: ____________
Subdivision Name:
□ Single-Family Dwelling Size (Length by Width) ______ Height ______ No. of Stories: ______
□ Mobile Home Size (Length by Width) ______ Height ______
Setbacks for Principal Building - Required: Front _____ Rear _____ Side _____
Proposed: Front _____ Rear _____ Side _____
□ Accessory Building Size (Length by Width) ______ Height ______ No. of Stories: ______
Setbacks for Accessory Building - Required: Rear _____ Left side _____ Right Side _____
Proposed: Rear _____ Left side _____ Right Side _____

Existing Impervious Percentage: ________ Post Impervious Percentage: ________

Commercial - Zoning District: ____________
Type of Structure: ______________________
Size Length ______ Width ______ Height ______
Accessory Building Size (Length by Width) ______ Height ______ (ft.)
Setbacks - Required: Front _____ Rear _____ Left side _____ Right Side _____
Proposed: Front _____ Rear _____ Left side _____ Right Side _____

*NOTE: All measurements in Feet (round to nearest whole foot). Impervious % is the sum of the square feet of all areas that is covered by roofs, sidewalks, driveways, decks, or accessory structures divided by the total square footage of the lot. Example: a 1 acre lot =43560 sq.
2. APPLICANT INFORMATION

OWNER(s) OF RECORD (use additional sheets if more than one-party)

______________________________________________________
Owner

______________________________________________________
DAYTIME PHONE NUMBER

MAILING ADDRESS, CITY, STATE, ZIP CODE

Fax Number

E-mail Address

Applicant (if different from owner)

______________________________________________________
Applicant

______________________________________________________
DAYTIME PHONE NUMBER

MAILING ADDRESS, CITY, STATE, ZIP CODE

Fax Number

E-mail Address

Agent/Contractor (if different from owner/applicant)

______________________________________________________
Applicant

______________________________________________________
DAYTIME PHONE NUMBER

MAILING ADDRESS, CITY, STATE, ZIP CODE

Fax Number

E-mail Address

3. PROPERTY INFORMATION (FOR REZONINGS, SITE PLANS, SUBDIVISIONS, CONDITIONAL USE, SPECIAL EXCEPTIONS & VARIANCES)

<table>
<thead>
<tr>
<th>Tax Map Number</th>
<th>Total Acreage</th>
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<tbody>
<tr>
<td>Subdivision Name</td>
<td>Section</td>
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<tr>
<td>Physical Address</td>
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<tr>
<td>Current Zoning</td>
<td>Existing Structures</td>
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<tr>
<td>Proposed Utilities</td>
<td>Acreage of Request</td>
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5. **SIGNATURE(S)**

I/WE HAVE READ THIS COMPLETED APPLICATION, UNDERSTAND ITS INTENT AND FREELY CONSENT TO ITS FILING. THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. I UNDERSTAND THAT THE COUNTY MAY APPROVE, CONDITIONALLY APPROVE, APPROVED WITH MODIFICATIONS OR DENY THE REQUEST FOR WHICH I AM APPLYING. FURTHERMORE, I GRANT PERMISSION TO THE DEPARTMENT OF BUILDING AND ZONING AND ANY OTHER AUTHORIZED GOVERNMENT AGENTS TO ENTER THE PROPERTY AND MAKE SUCH INVESTIGATIONS AS THEY DEEM NECESSARY TO EVALUATE THE REQUEST AND ENSURE THAT CONDITIONS PLACED ON THE REQUEST HAVE BEEN IMPLEMENTED AND/OR MAINTAINED AS PROSCRIBED BY THE APPROVING AUTHORITY. ADDITIONALLY, IF OUTSIDE REVIEW IS NEEDED BY THE COUNTY TO EVALUATE THIS REQUEST I ACKNOWLEDGE AND AGREE TO REIMBURSE THE COUNTY OF ESSEX FOR THESE OUTSIDE REVIEW AGENCY COSTS.

_________________________________  _____________________
Owner/Applicant/Agent Signature        Date

_________________________________  _____________________
Owner/Applicant/Agent Signature        Date

_________________________________  _____________________
Owner/Applicant/Agent Signature        Date

_________________________________  _____________________
Owner/Applicant/Agent Signature        Date

6. **APPROVAL/DISAPPROVAL**


- [ ] APPROVED AUTHORIZED SIGNATURE: __________________________ DATE: ____________

- [ ] DISAPPROVED AUTHORIZED SIGNATURE: ______________________ Date: ____________

- [ ] REASONS FOR DISAPPROVAL: ____________________________________________

**IF DISAPPROVED/DENIED:** Any person aggrieved by the disapproval of this application may appeal to the Board of Zoning Appeals* in accordance with provisions of the Essex County Zoning Ordinance. Such an Appeal must be filed with the Zoning Administrator on approved application forms within thirty (30) days from the date of this denial. Application shall be accompanied by a filing fee of $250.00, made payable to the County of Essex for the Administrative Appeal. This decision in written order shall be final and unappeasable if not appealed within thirty (30) calendar days from the date of this letter.

*NOTE: DENIAL OF BOARD OF ZONING APPEALS, BOARD OF SUPERVISORS, AND PLANNING COMMISSION DECISION(S) MUST BE FILED WITH THE ESSEX COUNTY CIRCUIT COURT WITHIN 30-DAYS OF THE DENIAL AS PROVIDED BY THE CODE OF VIRGINIA, 1950, AS AMENDED.
6. FEES

<table>
<thead>
<tr>
<th>Service</th>
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<td>Rezoning</td>
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| Total Fees Collected          |     |

*NOTE: AN APPLICATION SHALL NOT BE DEEMED OFFICIALLY FILED UNTIL ALL REQUIRED PLANS, PLATS, FEES AND SUPPORTING DOCUMENTATION ARE SUBMITTED TO THIS DEPARTMENT. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.