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. Comprehensive Map Amendment
   ☒ Rezoning: From A-2 Countryside District To: R-1 Rural Residential Development
   □ Site Construction Plan □Major - Name of Development: Beasleys Landing
   □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: ___________________

N/A □ 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: _____________

N/A 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.

Effective July 1, 2018
2. APPLICANT INFORMATION

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

LPG, LLC (Gregory Packett) 804-450-7935
Owner
P.O. Box 28, Tappahannock, Virginia 23233
MAILING ADDRESS, CITY, STATE, ZIP CODE

Fax Number packett74@gmail.com
E-mail Address

Applicant (if different from owner)

Applicant
MAILING ADDRESS, CITY, STATE, ZIP CODE

Fax Number E-mail Address

Agent/Contractor (if different from owner/applicant)

Packett Properties (Gregory Packett) 804-450-7935
Applicant
P.O. Box 28, Tappahannock, Virginia 23233
MAILING ADDRESS, CITY, STATE, ZIP CODE

Fax Number packett74@gmail.com
E-mail Address

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

<table>
<thead>
<tr>
<th>Tax Map</th>
<th>31-2</th>
<th>Total Acreage</th>
<th>548.72 +/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
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<tr>
<td>Subdivision Name</td>
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<tr>
<td>Section</td>
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<td>Block</td>
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<td>Lot</td>
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<tr>
<td>Physical Address</td>
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<tr>
<td>Tidewater Trail</td>
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<tr>
<td>Legal Desc: ADJ GWYNNFIELD</td>
<td></td>
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<tr>
<td>Current Zoning</td>
<td>A-2</td>
<td>Existing Structures</td>
<td>None</td>
</tr>
<tr>
<td>Proposed Utilities</td>
<td>Well &amp; Septic</td>
<td>Acreage of Request</td>
<td>548.72 +/-</td>
</tr>
</tbody>
</table>

Effective July 1, 2018
4. NARRATIVE – REQUIRED FOR ALL REZONINGS, CONDITIONAL USE, VARIANCES, SPECIAL EXCEPTIONS AND APPEALS. THE NARRATIVE SHALL DESCRIBE THE NEED AND/OR REASONS FOR THE APPLICATION AND HOW THE REQUEST IS CONSISTENT WITH THE GOALS AND OBJECTIVES OF THE COMPREHENSIVE PLAN. ATTACHED

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, APPROVE 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.

[Signature]
Owner/Applicant/Agent Signature
Date

[Signature]
Owner/Applicant/Agent Signature
Date

[Signature]
Owner/Applicant/Agent Signature
Date

[Signature]
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.

Effective July 1, 2018
6. FEES

Rezoning $400.00
Conditional Use Permit
Site Construction Plan

Subdivision
   Major
   Minor
   Family
Preliminary/Tentative
Final/Record
Right-of-way Abandonment

Bay Act Exception
Major/Minor WQIA

Zoning/Subdivision Variance
Zoning - Administrative Appeal
Building – Appeal
Land Disturbance
Major/Minor WQIA

Zoning Permit

Total Fees Collected $400.00

*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.