

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 a Rezoning: From	II/any that apply To: me of Development:
	me of Development: me of Development:
□ Conditional Use Permit (ordinance se	ection):
	ot Consolidation Section:
□ Land Disturbance□ Right-of-way Vacation□ Administrative Appeal (zoning/buildi	□ Chesapeake Bay Exception □Major WQIA □ Minor WQIA ing):
☐ Zoning Variance/Special Exception:	Specify ordinance section:
□ Subdivision Variance: Specify ordina	nnce section:
Water/Sewer Supply: \to Well/Septic Existing Land Use: \to Proposed Building Use: \to New Building \to Addit \to Add	Site Address:Central
Commercial –Zoning District: Type of Structure: Size Length Width Accessory Building Size Setbacks – Required: Front _	

*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.

OWNER(s) OF RE	ECORD (use addition	nal sheets if more tha	n one-party)						
Owner			DAYTIME PHONE NUMBER						
Mailing Addre	SS, CITY, STATE, ZIP (CODE							
Fax Number	Number			E-mail Address					
Applicant (if c	lifferent from own	<u>er)</u>							
Applicant			DAYTIME PHONE NUMBER						
Mailing Addre	SS, CITY, STATE, ZIP (CODE							
Fax Number			E-mail Address						
Agent/Contra	ctor (if different fro	om owner/applic	ant)						
Applicant			DAYTIME PHONE NUMBER						
Mailing Addre	SS, CITY, STATE, ZIP	CODE							
Fax Number	E-mail Address								
EXCEPTIONS	TY INFORMATION S & VARIANCES)	(FOR REZONINGS,		SUBDIVISON	IS, CONDIT	TIONAL USE,			
Tax Map Number			Total Acreage						
Subdivision		2	2 2 2 0 2	DI :					
Name Physical		Section		Block	Lot				
Address									
Current Zoning			Existing Structure	s					
Proposed Utilities			Acreage o						

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.

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:	
□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		
Rezoni	ng		
Condit	ional Use Permit		
Site Co	onstruction Plan		
Subdiv	rision Major		
	Minor		
	Family		
	Preliminary/Tentative		
	Final/Record		
	Right-of-way Abandonment		
Bay Ac	t Exception		
Major/	Minor WQIA		
Zoning	/Subdivision Variance		
Zoning	; - Administrative Appeal		
Buildin	g – Appeal		
Land D	Disturbance		
Major/	Minor WQIA		
Zoning	Permit		
Total F	ees 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.