TO CHARLES OF THE COUNTY OF TH

COUNTY OF BRUNSWICK

LAND USE AMENDMENT APPLICATION

P.O. Box 399 Lawrenceville, VA 23868 Phone: (434) 848-0882 Fax: (434) 848-8234

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

CASE #:	_ DATE SUBMITTED:
APPLICATION TYPE (PLEASE CHECK ONE) Rezoning Conditional Rezoning Conditional Use Permit Variance Administrative Variance Special Exception Amendment to Previous Case	Proposed Zoning Classification A-1 R-1 R-2 RR RRMH B-1 I-1
Applicant:	
Mailing Address:	
Phone #:	Fax #:
Property Owner (if different from above):	
Phone #:	Fax #:
Explain fully the proposed use, type of development (Attach additional sheets if necessary).	ment, operation program, reason for this request, etc.:

neighborhood or county in general. Include, where applica utilities; effect of request on public schools; effect on traffic, to road; effect on existing and future area development; etc.:	ble, information concerning: Use of public
If requesting a variance or special exception, explain the situation that is justification for the request:	unique physical hardship or extraordinary
4. Describe the amount of variance requested. (Applies to requested) Front Setback	est for Variances only.)
How far are you from the center line of the road? How far are you from the edge of the road?	
Side Setback	
How far are you from the property line on the right? How far are you from the property line on the left?	
Rear Setback	
How far are you from the rear property line?	
<u>Height</u>	
What is the height of the proposed dwelling/building?	

Current Zoning Classification:	Size of Parcel:
Size of Proposed Use/Development Area:	
Tax Map Parcel #:	Deed Book & Page #:
Property Location (Magisterial District):	
Road Name:	Road Number:
Nearest Intersection:	
Direction and Distance from Intersection:	
Side of Road:	
Water/Sewer Supply:	
NEW: Public Water	EXISTING: Public Water
Public Sewer	Public Sewer
Private Well	Private Well
Private Septic System	Private Septic System
Entrance:	
New Entrance: Number of New Entrances:	<u> </u>
Existing Entrance: Number of Existing Entrances:	

ADJOINING PROPERTY OWNERS

Name of Property Owner	Tax Map Number	Mailing Address

Date:			,	20			
Signature of Agent/A	Applicant:	(Name of person of	other than, I	but acting fo	r, the property	owner	and
		responsible for this	application.)				
Agent's Name:	(typed or print	red)					
Signature of Propert	ty Owner:						
Property Owner's Na							
	(typed	or printed)					

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.

Notes: Incomplete applications will not accepted. Any request that requires plans must be accompanied by those plans at the time of submission of this application.

APPLICATION REQUIREMENTS AND CHECKLIST

1.	Application fee of \$275.00 for Rezoning, Conditional Use Permit, Conditional Rezoning and Ordinance Amendments. Application fee of \$175.00 for Variance and Special Exceptions. A fee of \$25.00 per sign in addition to the application fee stated above for the public hearing advertising sign (See below). Make checks payable to the Treasurer, County of Brunswick. Fees are nonrefundable.
2.	Survey plat of subject property, if available.
3.	Site sketch must be drawn to scale showing details of site usage. The following information must be shown on the site sketch: The proposed title of the project and the name of the developer. The site sketch must be drawn to a minimum scale of 1" = 100'. The location and size of all existing and proposed buildings and structures. Show the distance from property lines and the right-of-way for all existing and
	 proposed buildings and structures. The location of all water ways on the subject property (streams, branches, etc.) You must submit 20 copies of site sketches submitted on paper larger than 11"x17".
4.	Written documentation from the Virginia Department of Transportation (VDOT) regarding access to the property for new and existing entrances.
5.	List of adjoining and adjacent property owners and mailing addresses as verified by the Commissioner of Revenue's Office.
	6. Photographs of the property involved not over 8 ^{1/2} x11 inches, but of adequate size to illustrate the condition of the property under discussion are always helpful and are suggested as exhibits with this application.
7.	Any other information or details which the applicant believes may more fully describe the proposal or that may by required by the Zoning Administrator.

Per section 32-1-4 of the Brunswick County Zoning Ordinance you are required to post a sign on the subject property to notify the public that a zoning change has been requested. More than one (1) sign may be required. One (1) sign shall be erected by the applicant so as to be visible and legible to each abutting street. Signs shall be erected by the applicant not less than seven (7) days before any public hearing and are to be removed within two (2) calendar days after the final public hearing at which the application is being considered.

Revised February 10, 2011

Affidavit of Sign Receipt

To be Completed at Time of Application and Payment Submittal

l,		, confirm that
I have received the sign(s) for Case #: _		for my application
for the following:		
Rezoning		
Conditional Rezoning		
Conditional Use Permit		
Variance		
Administrative Variance		
Special Exception		
Amendment to Previous Case		
Subdivision		
I understand that the sign(s) must be pos	sted per the following re	egulation:
Per section 32-1-4 of the Brunswick of sign on the subject property to notify. More than one (1) sign may be required as to be visible and legible to each about less than seven (7) days before an calendar days after the final public hear	the public that a zoning the public that a zoning ed. One (1) sign shall butting street. Signs sony public hearing and a	ng change has been requested. I be erected by the applicant so hall be erected by the applicant are to be removed within two (2)
Applicant Signature:		Date:
Staff Accepting Application:		Date: