

# LAND DEVELOPMENT APPLICATION

Charles City County  
Department of Community Development  
[www.co.charles-city.va.us](http://www.co.charles-city.va.us)



**Application for (please check one): A plat or site plan must accompany this application**

- |  |   |
|--|---|
| <input type="checkbox"/> Boundary Line Adjustment                | <input type="checkbox"/> Site Plan, Major             |
| <input type="checkbox"/> Lot Consolidation                       | <input type="checkbox"/> Site Plan, Minor             |
| <input type="checkbox"/> Subdivision, Minor (includes Family)    | <input type="checkbox"/> Special Use Permit           |
| <input type="checkbox"/> Subdivision, Major                      | <input type="checkbox"/> Rezoning                     |
| <input type="checkbox"/> Preliminary                             | <input type="checkbox"/> Zoning Text Amendment        |
| <input type="checkbox"/> Final                                   | <input type="checkbox"/> Variance                     |
| <input type="checkbox"/> Subdivision, Large Lot                  | <input type="checkbox"/> Administrative Appeal        |
| <input type="checkbox"/> Subdivision, Commercial                 | <input type="checkbox"/> Administrative Variance      |
| <input type="checkbox"/> Preliminary                             | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Final                                   | <input type="checkbox"/> WQIA, Major/Minor            |
| <input type="checkbox"/> Bay Act Exception/Administrative Waiver | <input type="checkbox"/> Land Disturbance             |
| <input type="checkbox"/> Other: _____                            | <input type="checkbox"/> Zoning                       |

**This application must be completed in its entirety. Please list *all* owners and applicants. Use additional sheets if needed.**

**General Project Information:**

Project Title: \_\_\_\_\_

Property Location: \_\_\_\_\_

Tax Map Number(s): \_\_\_\_\_

Total Acreage: \_\_\_\_\_

Acreage to be Developed: \_\_\_\_\_

Acreage to be Disturbed: \_\_\_\_\_

Responsible Land Disturber: \_\_\_\_\_ RLD #: \_\_\_\_\_

Current Number of Lots: \_\_\_\_\_

Proposed Number of Lots: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Current Use(s): \_\_\_\_\_

Proposed Use(s): \_\_\_\_\_

**LAND DEVELOPMENT APPLICATION- (Continued)**

**Contact Information:**

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative: \_\_\_\_\_

Representative Address: \_\_\_\_\_

Representative Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Certified Design Professional (CDP) \_\_\_\_\_

CDP Address: \_\_\_\_\_

CDP Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence should be sent to:  Applicant  Owner  Representative/CDP

**Note:** Unless specified above all correspondence shall be sent to the CDP

**Zoning Setback Information:**

Front: \_\_\_\_\_ Feet

Left Side: \_\_\_\_\_ Feet

Right Side: \_\_\_\_\_ Feet

Rear: \_\_\_\_\_ Feet

From other structure(s): \_\_\_\_\_ Feet

Other Information/Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owner Affidavit:**

I have read this application, understand its intent, and freely consent to its filing. The information provided is complete and accurate to the best of my knowledge and capabilities. I understand that the county may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission for county officials or other governmental officials on official business to enter the property to make such investigations and inspections as they deem necessary to process this application and to ensure all requirements, conditions, codes, and proffers are met and continue to be met in perpetually.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/CDP/Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/CDP/Agent's Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Application Number: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Completeness Date: \_\_\_\_\_

Application Fee: Taxes \_\_\_\_\_

Date Paid: \_\_\_\_\_

Paid?

Yes

No

Environmental Review:

Floodplain

Wetlands

Highly Erodible Soils

Resource

Resource Management

Additional Review Req.:

WQIA

CBPA Board

Wetland Board

Outcome:

Approved

Conditionally Approved