

LAND DEVELOPMENT & ZONING APPLICATION

Charles City County
Department of Community Development
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 #: _____

Expiration Date of RLD Certificate _____

Current Number of Lots: _____

Proposed Number of Lots: _____

Current Zoning: _____

Proposed Zoning: _____

Current Use(s): _____

Proposed Use(s): _____

LAND DEVELOPMENT & ZONING 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 (from ultimate VDOT ROW)

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:

Denied

Approved

Conditionally Approved