

Appomattox County

Department of Community Development
153A Morton Lane
P.O. Box 863
Appomattox, VA 24522
(434) 352-8183~Fax (434) 352-4214
www.appomattoxcountyva.gov



Development Application

- Conditional Use Permit Rezoning Conditional Rezoning
- Rezoning with concurrent Conditional Use Permit

General Information:

Conditional uses are uses, which are generally compatible with the other land uses in the zoning district, but require individual review for their intensity, location, design, and configuration. Conditions may be imposed by the Board of Supervisors in order to ensure the appropriateness of the use and to mitigate concerns that may otherwise make the use incompatible in the zoning district.

Conditional Use Permits may be approved upon a finding by the Board of Supervisors that the use will not be detrimental to the character and development of the adjacent land and will be in harmony with the purpose and intent of the Zoning Ordinance.

Rezoning, or the amendment to the zoning classification of a parcel, must be justified in need and effect on the property, surrounding property, and public services. The appropriateness of the change as it is set forth at the beginning of the zoning district classification shall be considered, as well as, the general planning program of the county and whether the rezoning will further the purposes of the zoning ordinance and the general welfare of the community.

Each application for Conditional Use and/or Rezoning is forwarded to the Planning Commission for consideration. The Planning Commission will hold a public hearing on the petition. The applicant or a representative is required to attend the public hearing. After the public hearing, the Planning Commission will make a recommendation and forward this recommendation to the Board of Supervisors.

The Board of Supervisors will hold a public hearing on the petition. The applicant or a representative is required to attend the public hearing. After the public hearing, the Board of Supervisors may approve or deny the petition. If the petition is a conditional use, the Board may impose conditions, which in its opinion will mitigate the impacts of the requested conditional use. If the petition is a rezoning, the applicant may voluntarily proffer conditions, which may mitigate the impacts of the rezoning petition. If proffers are voluntarily submitted this is known as a Conditional Rezoning.

General examples of some conditions that may be established are as follows:

- 1). Abate or restrict noise, smoke, dust, or other elements that may affect surrounding properties.
- 2). Provide for adequate parking, ingress and egress to public streets and roads.
- 3). Provide adjoining property with buffers or screening to mitigate visual or noise impacts.
- 4). Establish enhanced setbacks or require street/road improvements to mitigate traffic congestion related to this development.

Any previously approved conditional use permit may be revised by the Board of Supervisors following the same process of public hearings and recommendations.

Application Procedure:

1. **Consultation with Planning Staff:** You are required to meet with County staff to discuss the feasibility of your request prior to submission.
2. **Completion of Application:** Fill out, sign and date the application form. If the applicant is not the property owner, attach a notarized letter of consent from the property owner authorizing the applicant to act as the owner's agent for the application.
3. **Boundary Survey:** The applicant must provide a copy of a boundary survey of the land for which the conditional use or rezoning is proposed.
4. **Adjacent Property Owners:** The applicant must provide the names and addresses for all adjacent property owners, including those immediately across the street(s) from the property. This list is used for the notification to the adjacent owners for the public hearing.
5. **Concept Plan:** A concept plan (minimum 8.5" X 11") is required in accordance with §19.6-45 of the Appomattox County Zoning Ordinance. The petitioner may prepare the Concept Plan or have a professional engineer, architect, or surveyor assist them. The plan shall meet the minimum standard, as described by the checklist on page 4 of this application.
6. **Impact Statements:** If necessary, the applicant is responsible for submitting impact statements with the application. Impact studies may address traffic volumes, public utility capacities, noise, dust, smoke emissions or any other relevant matter that may arise during the initial consultation with planning staff. A Traffic Impact Analysis (TIA) is required should the site meet the VDOT requirements for TIA's under 24 VAC 30-155.
7. **Planning Commission:** The Planning Commission will hold a public hearing and review the application in order to make a recommendation to the Board of Supervisors.

- 8. **Board of Supervisors:** The Board of Supervisors will hold a public hearing and review the application in order to make a decision on the request. In the case of a conditional use permit, the Board may attach any conditions necessary to insure that the proposal meets the specific and general standards for the proposed use.
- 9. **Application Fee:** Conditional Use Permit= \$200.00 Rezoning= \$300.00 Rezoning with concurrent Conditional Use Permit = \$500.00 Please make checks payable to Appomattox County Treasurer.

APPLICATION CHECKLIST

N/A Complete

- Consultation with Staff
- Project Information and Contacts
- Project Description
- Project Justification
- List of Adjoining Property Owners
- Impact Statements (if necessary)
- Owner’s Authorization Letter (if necessary)
- Boundary Survey
- Concept Plan
- Certification and Statement of Understanding signature(s)

FOR OFFICIAL USE ONLY			
RECEIVED		CHECKED FOR COMPLETENESS	
_____	_____	_____	_____
Date	Initials	Date	Initials
		<input type="checkbox"/> Application fee paid <input type="checkbox"/> Application found to be complete <input type="checkbox"/> Application found to be incomplete	

Checklist for Concept Plan

In accordance with §19.6-45 of the Appomattox County Code, a Concept Plan is required for new development in every zoning district, including uses reviewed by the Planning Commission for conditional use or rezoning. A Concept Plan is a Site Development Plan drawn to slightly lesser detail that does not address impacts such as erosion and sediment control, landscaping or stormwater management. The petitioner may prepare the Concept Plan. However, the petitioner may opt to have the Concept Plan prepared by a professional engineer, architect, or land surveyor registered by the Commonwealth of Virginia, depending on the complexity of the project, or if the petitioner cannot provide a level of detail needed for the Planning Commission to adequately evaluate the project.

N/A	Complete
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Date of drawing |
| <input type="checkbox"/> | <input type="checkbox"/> | North Arrow |
| <input type="checkbox"/> | <input type="checkbox"/> | Scale |
| <input type="checkbox"/> | <input type="checkbox"/> | Legend of all symbols used |
| <input type="checkbox"/> | <input type="checkbox"/> | Location/vicinity map showing the general location |
| <input type="checkbox"/> | <input type="checkbox"/> | Boundary lines of the property covered by the application |
| <input type="checkbox"/> | <input type="checkbox"/> | Name and Address of property owner, applicant and person preparing the drawing |
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Map Identification Number |
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Map Identification Number and name(s) of adjoining property owners |
| <input type="checkbox"/> | <input type="checkbox"/> | Current and proposed land use |
| <input type="checkbox"/> | <input type="checkbox"/> | Current zoning district of parcel and adjoining parcels |
| <input type="checkbox"/> | <input type="checkbox"/> | Names, Route Numbers, location of streets adjacent to or within the development |
| <input type="checkbox"/> | <input type="checkbox"/> | Access point(s), driveways, crossovers, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking accommodations, including number of spaces and Handicapped spaces, loading spaces, or aisles |
| <input type="checkbox"/> | <input type="checkbox"/> | Building(s) location, setbacks, height of building(s) for proposed and/or existing building(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of proposed signs, utilities, lighting |
| <input type="checkbox"/> | <input type="checkbox"/> | Buffer yards, screening, or fencing |

_____ Applicant/Agent/Professional Initial(s) to acknowledge checklist items are provided.

PROJECT INFORMATION

Note: If the applicant is not the property owner, then an owner's authority letter must be submitted with the application.

PROJECT NAME	ZONING DISTRICT
ADDRESS, IF AVAILABLE, OR STREET LOCATION	TOTAL SITE ACRES
TAX MAP IDENTIFICATION NUMBER	

APPLICANT/AGENT	<input type="checkbox"/> Agent		
	<input type="checkbox"/> Primary Contact		
NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

OWNER (IF DIFFERENT)	<input type="checkbox"/> Same As Applicant		
NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

PROFESSIONAL (ENGINEER, SURVEYOR, ETC.)	<input type="checkbox"/> Primary Contact		
NAME	COMPANY		
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

JUSTIFICATION

The Planning Commission and Board of Supervisors will study the request to determine the need and justification for the change in terms of public health, safety, and general welfare. Please answer the following questions as thoroughly as possible. Attach additional information, if necessary.

Please explain how the request furthers the purpose of the Zoning Ordinance and the zoning district classification for which the project is proposed. You may find a copy of the Appomattox County Zoning Ordinance at www.appomattoxcountyva.gov, navigate to the Community Development Page.

Please explain how the project conforms to the general guidelines and policies contained in the Appomattox County Comprehensive Plan. You may find a copy of the plan at www.appomattoxcountyva.gov, navigate to the Community Development page.

Please describe the impact(s) of the request on the property itself, the adjoining properties, and the surrounding area, as well as, impact(s) on the public services and facilities, including water, sewer, roads, schools, parks/recreation, and fire/rescue.

OWNER'S AUTHORITY LETTER

STATE OF VIRGINIA
CITY/COUNTY OF _____

This _____ day of _____, _____,

I, _____, the owner of

(Describe land by Parcel Identification Number, address, etc.)

make, constitute, and appoint _____ my true and lawful agent and in my name, place, and stead giving unto said person full power and authority to do and perform all acts and make all representation necessary, without any limitations whatsoever, to make application for said rezoning/conditional use permit.

(circle one)

The right, powers, and authority of said agent herein granted shall commence

and be in full force and effect on _____, and shall
(date)

remain in full force and effect thereafter until actual notice, by certified mail, return receipt requested, is received by the Appomattox County Department of Community Development stating that the terms of this power have been revoked or modified.

Owner

COMMONWEALTH OF VIRGINIA:

County of _____

Subscribed and sworn to before me this _____ day of _____, in my County and State aforesaid, by the aforementioned Principal.

Notary Public

My Commission Expires: _____

LIST OF ADJOINING PROPERTY OWNERS

The applicant is required to provide a list of owners as shown on the current real estate tax assessment books of all abutting properties and properties immediately across the street or road from the property to be rezoned or issued a Conditional Use Permit. This information can be found at the Commissioner of Revenue’s office or by utilizing the County’s GIS website. If necessary, use additional pages.

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

ADJOINING PROPERTY OWNERS CONTINUED

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

ADJOINING PROPERTY OWNERS CONTINUED

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip

Tax Map Number	Name	

Mailing Address (Street, Post Office Box)		

City	State	Zip