



COMMONWEALTH OF VIRGINIA
COUNTY OF CUMBERLAND

Internal Use Only	
FILE # _____	STAFF _____
RECEIVED _____	
COMPLETED _____	
FEE/Ck. # _____	
RECEIPT # _____	

Application for Change in Zoning

(A.K.A. Rezoning/Zoning Map Amendment)

Last revised 07/07/10

Form must be completed in ink, Pencil will not be accepted.

NOTES: REZONINGS MAY REQUIRE A TRAFFIC IMPACT ANALYSIS IN COMPLIANCE WITH STATE LAW. If required, the subdivision application will not be deemed complete until such analysis has been prepared and submitted. For more information, please obtain an information packet prepared by county staff and available in the Planning Dept. entitled, "Traffic Impact Analysis Information." Please contact the Planning Dept. with any questions.

The application fee associated with a rezoning application is directly associated with meeting the specific legal advertisement and public notification requirements required by state law. Such application fee has been the same amount for over 10 years.

Project/Development Name (how should we refer to this application?):

Describe the change of zoning being requested (i.e. how are proposing to amend the zoning map?):

Address/ Location: _____

Current Zoning: _____

Tax Map Parcel(s): _____

Election District: _____

Are you submitting proffers with this application? If so, attach proffer(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this an amendment to an existing zoning application or to any existing zoning conditions? If so, provide copy of items to be amended.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you proffering a site/design plan with this application? If so, attach plan(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a Traffic Impact Analysis (TIA) required for this request? If so, attach TIA. See TIA info sheet and checklist for more information.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is an amendment to the subdivision or zoning ordinance also proposed as part of the rezoning application? If so, complete and attach the Code Amendment application.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Contact Person (who should we call/write concerning this project?): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax #: (____) _____ Email: _____

Owner of Record (who currently owns the property?): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax #: (____) _____ Email: _____

Applicant (who is the contact person representing?): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax #: (____) _____ Email: _____

Does the owner of this property own (or have any ownership interest) in any abutting property? If yes, please list those tax map parcel numbers. _____

Section 15.2-2284 of the Code of Virginia states that, "Zoning ordinances and districts shall be drawn and applied with reasonable consideration for the existing use and character of property, the comprehensive plan, the suitability of property for various uses, the trends of growth or change, the current and future requirements of the community as to land for various purposes as determined by population and economic studies and other studies, the transportation requirements of the community, the requirements for airports, housing, schools, parks, playgrounds, recreation areas and other public services, the conservation of natural resources, the preservation of flood plains, the preservation of agricultural and forestal land, the conservation of properties and their values and the encouragement of the most appropriate use of land throughout the locality."

The items that follow will be reviewed by the staff in their analysis of your request. Please complete this form and provide additional information which will assist the County in its review of you request. If you need assistance filling out these items, staff is available.

What public need or benefit does this rezoning serve?

Describe your request in detail including why you are requesting this particular zoning district and it's compliance with the comprehensive plan: _____

If you would like to proffer any restrictions on the development of the property, please list these proffers on an attachment in a form acceptable to the County. Proffers are voluntary offers to use property in a more restrictive way than the overall zoning district classification would allow. By State Code, proffers must have a reasonable relationship to the rezoning and are not mandatory. The rezoning must give rise to the need for the proffers; the proffers must be related to the physical development or physical operation of the property; and the proffers must be in conformity with the Comprehensive Plan.

The County has developed cash proffer computations. **The maximum net residential cash proffer is currently \$5,242 per residential unit.** This amount should serve as an indicator to prospective rezoning applicants of the net cost per housing unit that the County will incur to provide the capital facilities serving the development subsequent to the rezoning. Contact staff for more information concerning the County's cash proffer policy.

Are there any liens against the property? YES NO (If Yes, please list them below:)

Attachments Required – provide two (2) copies of each:

1. *Recorded plat or boundary survey of the property requested for the rezoning.* If there is no recorded plat or boundary survey, please provide legal description of the property and the Deed Book and page number or Plat Book and page number.

Note: If you are requesting a rezoning for a portion of the property, it needs to be described or delineation on a copy of the plat or surveyed drawing.

2. *Ownership information* – If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, a document acceptable to the County must be submitted certifying that the person signing below has the authority to do so.

If the applicant is a contract purchaser or an agent of the owner, an owner/agent agreement must be attached (ask staff for form if needed).

Owner/ Applicant Must Read and Sign

I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner in filing this application. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge.

Print Name of Owner/ Applicant

Date

Signature of Owner/ Applicant

Daytime Phone # of Signatory

The below is to only be completed by County staff.

Rezoning Package Completeness Review: I have reviewed the rezoning package and find it to complete. If the scope of the rezoning request is such that a traffic impact analysis is required, such rezoning package shall include a completed TIA and applicable fee. A complete rezoning package will contain this completed application, proffers (if proposed), TIA (if required), plan of development, county application fee (\$550.00) and VDOT TIA fee (if TIA required).

By signing the below, County staff is stating the rezoning package is complete; it does not and should not imply any approval or denial of the request.

Signature of Zoning Administrator

Date