



Application for Zoning Text Amendment

Date: _____ File Number: _____

Application Fee Paid: _____

Agent/Applicant: _____ Phone: _____

Applicant Address: _____

Email: _____

Property Owner: _____ Phone: _____

Property Address: _____

Email: _____

Property Information:

Tax Map Number: _____ Acreage: _____

Subdivision: YES NO Zoning District: _____ Deed restrictions: YES NO

Access to Property (easement, public road, private road): _____

Comprehensive Plan – Future Land Use Plan Designation: _____

The applicant requests an amendment to Article/Section _____ of the Amelia County Zoning Ordinance. Please describe proposed amendment below:

FOR OFFICE USE ONLY:

Public Notice Dates: _____

Board of Supervisors Mtg Date: _____

Planning Commission Hearing Date: _____

Board of Supervisors Decision: _____

Planning Commission Recommendation: _____

Permit Signed by Applicant/Owner: _____

COMPREHENSIVE PLAN

Describe how the proposed amendment is consistent with the 2017 Comprehensive Plan.

ADVERSE EFFECTS

Describe the extent of the effects that the proposed amendment would have on the natural environment, including but not limited to water, air, noise, storm water management, wildlife, vegetation, floodplains, wetlands, and the natural functioning of the environment.

ENHANCEMENT OF COUNTY

How will this requested change be advantageous to the County?

PLAN

If applicable, please furnish a conceptual layout of the proposed use associated with the amendment showing boundaries and dimensions of the property, width of abutting rights-of-way, location and size of buildings on the site, roadways, walks, off street parking and loading spaces, landscaping, etc.

STATEMENT FOR VALIDITY OF INFORMATION

Every applicant shall sign the following document to substantiate the validity of submitted information.

STATE OF VIRGINIA
COUNTY OF AMELIA **to wit**

I, _____, being duly sworn, depose and say that I am the lessee/owner of the property involved in the application. If I am not the Lessee/Owner, I will produce a copy of a contract to purchase the property or I will present written certification contract To purchase the property or I will present written certification from the owner granting me the right to submit this application. I, declare that I have familiarized myself with the rules and regulations pertaining to preparing and filing this application. I further declare that the foregoing statements and answers provided throughout the various sections of this application are in all respects true and correct to the best of my knowledge and belief.

Signed: _____

Print Name: _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires

OWNERSHIP DISCLOSURE

Please list below the names and addresses of all owners or parties in interest of the land subject to this request:

NOTE: If this request is in the name of a corporation, artificial person, joint venture, trust, or other form of ownership, all officers, directors, and any stockholders owning ten percent or more of such stock must be listed.

NAME:

ADDRESS:

I, _____, do hereby swear and affirm that to the best of my knowledge and belief, the above information is true and that I am the applicant for this request for parcel number(s) _____ of tax map number(s) _____ requesting a Special Exception Permit. If the information above changes at any time while this request is being considered, I will provide the County with an updated list.

Signature: _____

STATE OF VIRGINIA
COUNTY OF AMELIA to wit

This day _____ personally appeared before me, _____,
a Notary Public in and for the County and State aforesaid, and swore or affirmed that the

matters stated in the foregoing Ownership Disclosure are true to the best of his/her knowledge and belief.

Given under my hand this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PERSONS:

1. That I/We
(Name) _____ Phone: _____
(Address) _____

(Name) _____ Phone: _____
(Address) _____

(Name) _____ Phone: _____
(Address) _____

(Name) _____ Phone: _____
(Address) _____

(Name) _____ Phone: _____
(Address) _____

Being all of the owner(s) of the property described as County Tax Map Numbers:

And authorized to take such action, do hereby make, constitute, and appoint:

2. (Name) _____ Phone: _____
(Address) _____

to act as my/our true and lawful attorney-in-fact for and in my/own name, place and stead with full power and authority I/we would have if acting personally to seek rezoning, conditional use, or variance, and to set forth and offer such legally acceptable voluntarily proffered conditions including any additions, amendments, modifications or deletions thereto that in his or her discretion are deemed reasonable, appropriate and necessary except as follows:

3. _____

4. In witness whereof, I/we have hereto set my/our hand and seal this _____ day of _____, 20_____.

Signature

Signature

Witnessed by: _____ Witnessed by: _____

APPLICANT'S PERMISSION FOR INSPECTION OF PROPERTY

I, _____, hereby grant access to the Planning Director, Zoning Administrator, or assigns thereof, to enter my property during reasonable hours without prior notice to make inspections as deemed necessary for the evaluation of my application for

(Circle One) Special Exception Permit Rezoning Variance

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

Commission Expiration Date

Notary Registration Number