

**COMMONWEALTH OF VIRGINIA  
COUNTY OF FLUVANNA  
Outdoor Lighting Control  
Temporary Exemption Application**

<b>Owner of Record:</b> _____	<b>Applicant of Record:</b> _____
E911 Address: _____	E911 Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

<b>Representative:</b> _____	<b>Note: If applicant is anyone other than the owner of record, written authorization by the owner designating the applicant as the authorized agent for all matters concerning the request shall be filed with this application.</b>
E911 Address: _____	Is property in Agricultural Forestal District? <input type="radio"/> No <input type="radio"/> Yes
Phone: _____ Fax: _____	If Yes, what district: _____
Email: _____	

<b>Tax Map and Parcel(s):</b> _____	<b>Deed Book Reference:</b> _____
<b>Acreeage:</b> _____ <b>Zoning:</b> _____	Deed Restrictions? <input type="radio"/> No <input type="radio"/> Yes (Attach copy)

E911 Address of Parcel: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Any person may submit a written request for a temporary exemption to the requirements of the Outdoor Light control Ordinance (Article 25 of the Zoning Ordinance). The written "Request for Temporary Exemption" shall address the seven (7) points outlined below. Provide the request on a separate sheet attached to this application.

<input type="checkbox"/> Specific Exemption Requested	<input type="checkbox"/> Proposed Location of Exterior Light
<input type="checkbox"/> Type and Use of Exterior Light Involved	<input type="checkbox"/> Previous Temporary Exemption, if any
<input type="checkbox"/> Duration of Time for Requested Exemption	<input type="checkbox"/> Physical Size of Exterior Light and Type of Shielding Provided
<input type="checkbox"/> Type of Lamp and Total wattage of Lamp or Lamps	

**Note:** The Zoning Administrator may request any additional information that would enable a reasonable evaluation of the Request for Temporary Exemption. The request will be approved or denied in writing within thirty (30) days from the date of a properly completed request. If rejected, the individual making the request shall have the right to appeal to the Planning Commission.

I declare that the statements made and information given on this application are true, full and correct to the best of my knowledge and belief and I agree to conform fully to all terms of any certificate or permit which may be issued on account of this application.

Applicant Name (Please Print) _____	Applicant Signature _____
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OFFICE USE ONLY			
\$50 fee paid: _____	Date Received: _____	Related SDP# _____:	
Election District: _____	Planning Area: _____		
<b>Approved</b> _____	<b>Denied</b> _____	<b>Date:</b> _____	<b>Zoning Administrator:</b> _____