



**COMMONWEALTH OF VIRGINIA  
COUNTY OF FLUVANNA  
Application for Rezoning**

**Owner of Record:** \_\_\_\_\_ **Applicant of Record:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**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.**

If property is in an Agricultural Forestal District, or Conservation Easement, please list information here:  
\_\_\_\_\_  
\_\_\_\_\_

**Tax Map and Parcel(s)** \_\_\_\_\_

**Acreage** \_\_\_\_\_ **Current Zoning** \_\_\_\_\_

**Is parcel in Land Use Valuation Program?** No Yes

**Deed Book and Page:** \_\_\_\_\_

**Location of Parcel:** \_\_\_\_\_

If any Deed Restrictions, please attach a copy

**Requested Zoning** \_\_\_\_\_ **Proposed Use of Property** \_\_\_\_\_

**Affidavit to Accompany Petition for Rezoning**

By signing this application, the undersigned owner/applicant authorizes entry onto the property by County Employees, the Planning Commission, and the Board of Supervisors during the normal discharge of their duties in regard to this request.

I/We, being duly sworn, depose and say that we are Owner/Contract Owner of the property involved in this application and that we have familiarized ourselves with the rules and regulations of the Zoning Ordinance with respect to preparing and filing this application, and that the foregoing statements and answers herein contained and the information on the attached map to the best of our ability present the argument on behalf of the application herewith requested and that the statements and information above referred to are in all respects true and correct to the best of our knowledge.

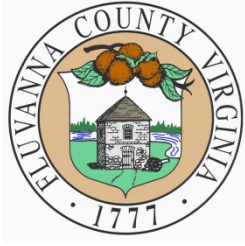
Date: \_\_\_\_\_ Signature of Owner/Applicant: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Register # \_\_\_\_\_

My commission expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

**All plats must be folded prior to submission to the Planning Department for review. Rolled plats will not be accepted.**

Office Use Only	
Date Received:	Pre-Application Meeting: PH Sign Deposit Received: Application #: ZMP _____ :
\$1,000 fee paid:	Mailing Costs: \$20.00 per Adjacent Property Owner after first 15, Certified. Paid:
Proffer or Master Plan Amendment: \$750.00 plus mailing costs. Paid:	
Election District:	Planning Area:
Public Hearings	
Planning Commission	Board of Supervisors
Advertisement Dates:	Advertisement Dates:
APO Notification:	APO Notification:
Date of Hearing:	Date of Hearing:
Decision:	Decision:



COMMONWEALTH OF VIRGINIA  
**COUNTY OF FLUVANNA**  
**Public Hearing Sign Deposit**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby certify that the sign issued to me is my responsibility while in my possession. Incidents which cause damage, theft, or destruction of these signs will cause a partial or full forfeiture of this deposit.

\_\_\_\_\_  
 Applicant Signature Date

\*Number of signs depends on number of roadways property adjoins.

Office Use Only	
Application #: <b>BZA</b> _____ : _____ <b>CPA</b> _____ : _____ <b>SUP</b> _____ : _____ <b>ZMP</b> _____ : _____ <b>ZTA</b> _____ :	
\$90 deposit paid per sign*:	Approximate date to be returned:



**Commonwealth of Virginia**  
**County of Fluvanna**  
**Rezoning Application Checklist**

The following information shall be submitted with the application and is to be provided by the applicant for the processing of the application:

Applicant must supply	Staff Checklist
Completed Rezoning Application signed by the current owner(s) or lessee or written confirmation from the current owner or lessee granting the right to submit the application	
<ul style="list-style-type: none"> <li>• Statement on proposed use of property and reason for rezoning</li> <li>• Ten (10) copies of plats showing existing and proposed improvements (if applicable)</li> <li>• Deed restrictions (if applicable)</li> <li>• Copy of the Tax Map showing the site (preferred)</li> <li>• General Location Map (preferred)</li> </ul>	
Supporting photographs are not required, but suggested for evidence	

*All maps and plans submitted are to be either 8.5"x 11" or 11"x 17". One original of any size may be for staff use at the public hearing.*

Staff Only	Staff Checklist
Preliminary review by planning staff for completeness and content:	
<ul style="list-style-type: none"> <li>• Technical Review Committee review and comment</li> <li>• Determine all adjacent property owners</li> <li>• Placed as a Public Hearing on the next available agenda of the Planning Commission.</li> </ul>	
Notification of the scheduled Public Hearing to the following:	
<ul style="list-style-type: none"> <li>• Applicant</li> <li>• All adjacent property owners</li> <li>• Local Newspaper advertisement</li> </ul>	
Staff Report to include, but not be limited to:	
<ul style="list-style-type: none"> <li>• General information regarding the application</li> <li>• Any information concerning utilities or transportation</li> <li>• Consistency with good planning practices</li> <li>• Consistency with the comprehensive plan</li> <li>• Consistency with adjacent land use</li> <li>• Any detriments to the health, safety and welfare of the community.</li> </ul>	

## **For Applicant**

The Rezoning Application fee is made payable to the **County of Fluvanna**.

### **Meetings for the processing of the application**

Applications must be submitted by the first working day of the month to have the process start that month. Applications received after the first working day will have the process start the following month.

#### **Process:**

1. Placed on next available Technical Review Committee Agenda.
2. Placed as a Public Hearing on the next available agenda of the Planning Commission the following month. Staff Report and Planning Commission recommendation forwarded to the Board.
3. Placed as a Public Hearing on the next available agenda of the Board of Supervisors (usually the same month as the Planning Commission).

#### **Applicant or a representative must appear at the scheduled hearings.**

The Technical Review Committee provides a professional critique of the application and plans. The Planning Commission may recommend to the Board of Supervisors: approval; approval subject to resubmittal or correction; or denial of the special use permit.

### **Board Actions**

After considering all relevant information from the applicant and the public, the Board will deliberate on points addressed in the Staff Report.

The Board may approve; deny; or defer the request pending further consideration; or remand the case back to the Planning Commission for further consideration.

With **approval**, the development may proceed.

If **denied**, an appeal to the Courts may be prescribed by law

*No similar request for a Rezoning for the same use at the same site may be made within one year after the denial.*