



COUNTY OF FLUVANNA

Application for Zoning Use Permit (ZUP) for a Mobile Home

Owner of Record: _____ Total Acreage: _____
Address: _____ Number of current dwelling units: _____
Phone: _____ Fax: _____ Tax Map and Parcel(s): _____
Email: _____ Zoning: _____
Tax Map and Address of proposed mobile home: _____

Certification of Owner

Individual mobile homes are permitted by the Fluvanna County Zoning Ordinance in A-1 Agriculture as an accessory use after receiving a Zoning Use Permit from the Fluvanna County Planning Department under one of the following conditions:

- ☐ Farm Tenant: Valid for **two (2) years**. Renewal is required by the Fluvanna County Planning Department.
- ☐ Hardship; Natural Disaster Destruction, Medical Hardship, or Moral Responsibility: Valid for **two (2) years**. Renewal is required by the Fluvanna County Planning Department.
- ☐ Temporary Construction: Valid for **one (1) year** not to exceed five (5) continuous years. Renewal is required by the Fluvanna County Planning Department. (Mobile Home must be located on the same property as proposed construction.)

*Two copies of a plan must be submitted, showing size and location of the lot, dimensions and location of the proposed mobile home, and the dimensions and location of the existing structures on the lot.

I have read the applicable sections of the Fluvanna County Zoning Ordinance (Sec. 22-4-2.2) governing the above-stated uses(s) and certify that this property will be used for the above-specified use.

Date: _____ Signature of Owner/Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20____ Register # _____

My commission expires: _____ Notary Public: _____

Medical Hardship Cases

Provide a doctor's letter on letterhead, stating:

1. Please address to the Fluvanna County Planning Department and reference as: Confirmation of Medical Hardship for Use of Mobile Home.
2. (Patient's name) is a patient under my care. It is recommended that a mobile home be permitted on the patient's or caregiver's property in Fluvanna County for reasons pertaining to their health.
3. Doctor's name, signature and contact information (address, phone, and fax).

OFFICE USE ONLY	
Date Received:	Application #: ZUP_____: _____
\$350 fee: _____	
Election District: _____	Planning Area: _____



COUNTY OF FLUVANNA Zoning Use Permit for a Mobile Home Applicant Checklist

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

1. ☐ **Completed Zoning Use Permit** signed by the owner, owners, the lessee, or by an agent or attorney with written confirmation from the current owner(s) or lessee granting the right to submit the application, before a Notary Public in the space provided.
2. ☐ **Site Plan** for mobile home (1 copy required) to include:
☐ *Plot plan or survey plat at an appropriate scale*
☐ *Location and dimension of existing structures and proposed placement of mobile home.*
3. ☐ Copy of the **Tax Map** showing the site(preferred)

All maps and plans submitted are to be either 8.5" X 11" or 8.5" X 14"

What Happens Next?

The **Planning Staff** reviews your application and will contact you with any questions.

*Your neighbors will be notified by mail.

*You will receive notification by mail of the Planning Department's decision.

*If **approved**, you may proceed with your mobile home placement.

*If **Denied**, you may appeal to the courts as prescribed by law.

**No similar request for a Zoning Use Permit for the same use at the same site may be made within one (1) year after denial.