

COMMONWEALTH OF VIRGINIA
COUNTY OF FLUVANNA
Application for Renewal of
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:** _____

Location of mobile home: _____

I would like to renew my Zoning Use Permit for a Mobile Home for the following reason:

- 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.)

Please use space below to describe why you need a renewal:

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 the following:

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 he/she continue to reside in his/her mobile home in Fluvanna County for the following reasoning pertaining to their health (list medical conditions necessitating the need for mobile home) and
3. Doctor's name, signature and contact information (address, phone, and fax).

OFFICE USE ONLY	
Date Received:	Original Application #: ZUP _____ : _____
\$200 Renewal fee paid: _____	
Election District: _____	Planning Area: _____
Approved: _____ Denied: _____ Date: _____	
Renewal Dates: _____	