

COUNTY OF GOOCHLAND
Goochland, Virginia



APPLICATION

FOR

CONDITIONAL USE PERMIT

APPLICATIONS APPLIED FOR
IN THE PLANNING AND ZONING DEPARTMENT

_____ **VARIANCE** (VAR _____)

_____ **REZONING** (RZ _____)

_____ **CONDITIONAL USE PERMIT** (CU _____)

_____ Pre-application meeting and questionnaire with **planning staff** before filing the application. Date of meeting _____.

_____ Community/neighborhood meeting. Date of meeting _____

_____ Application complete

_____ Application signed and notarized.

_____ Fees submitted

_____ Pre-application checklist completed

_____ Site plan submitted with all the requirements of the application.

_____ Building Inspection – for change of use – building permit required.

_____ Plan of development will be required for new or change of use

Signature of Applicant

Date

FOR OFFICE USE ONLY

_____ **PRE-APPLICATION MEETING** _____

_____ **COMMUNITY/NEIGHBORHOOD MEETING**

_____ **DEVELOPMENT REVIEW COMMITTEE**

_____ **APPLICATION RECEIVED IN PLANNING OFFICE**

_____ **COMPLETE APPLICATION RECEIVED**

_____ **PLANNING COMMISSION PUBLIC HEARING**

_____ **BOARD OF SUPERVISORS PUBLIC HEARING**

Zoning Map Aerial Map Comp. Plan Map Vicinity Map

CONDITIONAL USE PERMIT APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103

Goochland, VA 23063

Phone: (804) 556-5863

Web: www.goochlandva.us FAX: (804) 556-5654

<i>Office Use Only</i>		
Application File Date:	Fee paid: \$	Application No.: CU-
Planning Commission Public Hearing: _____ Board of Supervisors Public Hearing: _____	Receipt No.:	Pre-Application:

Name of Applicant: _____ Address _____ Email _____ Phone No. _____ Location: _____ Disclosure of Real Parties in Interest. Provide completed disclosure form(s). <b style="background-color: yellow;">Property Owner <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Tax Map #</td> <td style="width: 40%;">GPIN #</td> </tr> <tr> <td>Deed Book</td> <td>Plat Book</td> </tr> <tr> <td>Zone</td> <td>Acreage</td> </tr> </table>	Tax Map #	GPIN #	Deed Book	Plat Book	Zone	Acreage	Name of Representative: _____ Address _____ Email _____ Phone No. _____ District: _____ Subdivision: _____ Are there any deed restrictions? Yes _____ No _____ If yes attached a copy of deed. Account # _____
Tax Map #	GPIN #						
Deed Book	Plat Book						
Zone	Acreage						

Property in Land Use: Yes / No - If your property is in the County's land use taxation program, please be advised that any proposed change in the use of the land could make the property ineligible for further participation in the land use taxation program.

REQUEST

Applicant request a conditional use permit to locate the following USE on the above described property: _____ Article _____ Section _____.
(Describe here what is intended to be done on or with the property. If a building is involved, a sketch or plan with photographic or other suitable description should accompany this application.)

IMPROVEMENTS PROPOSED:

Describe briefly the improvements proposed. State whether new buildings are to be constructed, existing buildings are to be used or additions made to existing building(s).

NECESSITY OF USE:

Describe the reason for the requested change.

PROTECTION TO ABUTTING PROPERTY:

Describe the effects of the proposed use on adjacent property and the surrounding neighborhood. What protection will be offered adjoining property owners?

ENHANCEMENT OF COUNTY:

Why does the applicant believe that this requested change will be advantageous to the County? (Please substantiate with facts.)

DESCRIBE THE PROPOSED USE, AND OTHER PERTINENT DATA:

1. Type of operation(s): _____
2. Hours of operation: _____
3. Proposed Name of development or business: _____
4. Estimated number of patrons/clients/patients/pupils/etc.: _____
5. Proposed number of employees/attendants/teachers/etc. _____
6. Estimate of traffic impact of the proposed use, including the maximum expected trip generation and the distribution of such trips by mode and time of day.

7. Description of building façade and architecture of proposed new building or additions.

8. The square footage of the building: _____ Parking: _____
9. Total disturbed area: _____
10. A listing, if known, of all hazardous or toxic substances, to be generated, utilized, stored, treated, and/or disposed of onsite and size and contents of any existing or proposed storage tanks or containers: _____

11. Building Design: Provide **3 copies** of floor plans and elevations for the front, sides, and rear of any on-site structures proposed.

PLAN

Furnish plot plan showing boundaries and dimensions of property, width of abutting right-of-way, location and size of buildings on the site, roadways, walks, off-street parking and loading space, landscaping and the like. Architect's sketches showing elevations of proposed buildings and complete plans are desirable and should be filed with application.

REMARKS

**Requirements and Instruction for Filing
Application for Conditional Use Permit**

The following must be filled out completely and submitted by the applicant:

1. The Application Form must be filled out completely with full answers to every statement and question. The application may be signed by an agent or attorney or by the lessee, owners before a Notary Public in the space provided on Page 4. Signatures of adjacent property owners who approve the request may be signed in the space provided below. If space is not sufficient, a supplemental sheet may be added to the petition. Such signatures are desirable but are not required.

2. **Furnish a Site Plan showing boundaries and dimensions of property, width of abutting right-of-way, location and size of buildings on the site, roadways, walks, off-street parking and loading space, landscaping and the like. Architect's sketches showing elevations of proposed buildings and complete plans are desirable and should be filed with application.**

3. The Application Fee required by Section 15.1-431 Code of Virginia (1950, as amended) is **\$750.00. This fee must be paid at the time of filing the application.** This fee only partially covers the extra cost to the County of investigating and processing the application through its various stages. Makes check payable to County of Goochland.

4. Photographs of the property involved not over 8 ½ by 11 inches but of adequate size to illustrate the condition of the property under discussion are always helpful and are suggested as exhibits with this application.

5. Documentation of minutes for Community/Neighborhood meeting.

6. Building permit may be required; the applicant needs to contact the Building Inspection Office (804/556-5815).

We the undersigned OWNERS OF ADJACENT PROPERTY hereby certify that we read the foregoing petition and agree that the facts stated correctly and completely present the conditions surrounding the property involved in this Application and believe the Application SHOULD BE GRANTED. (Add additional sheets where necessary. These signatures are desirable, but not demanded).

Name

Address

STATE OF VIRGINIA
COUNTY OF GOOCHLAND) 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 from the owner granting me the right to submit this application. I further declare that I have familiarized myself with the rules and regulations pertaining to preparing and filing this application and that the foregoing statements and answers provided herein are in all respects true and correct to the best of my knowledge and belief.

I have read this application, understand its intent, and freely consent to its filing. Furthermore, I have the power to authorize and hereby grant permission to Goochland County officials and other authorized government agents on official business to enter the property as necessary to process this application. I hereby agree to have a sign placed on my property, notifying the public of my application.

Signature of Applicant Date

Phone No. _____

Mailing Address of Applicant

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

My Commission Expires

Notary Public

.....

Signature of Property Owner Date

Phone No. _____

Mailing Address of Property Owner

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

My Commission Expires

Notary Public

**GOOCHLAND COUNTY
FEES FOR DEVELOPMENT REVIEWS**

REZONING

Agricultural** (A-1, A-2, F-C)	\$ 450.00 per application
Residential** (R-1, R-2 and R-3) (R-R, R-MHS and R-MPH) (R-O, RPUD and MPUD) Creation of one lot only	\$1,500.00 per application, Plus 50.00 per acre for each acre \$ 450.00
Commercial* (B-1 and B-2)	\$1,500.00 per application, Plus 50.00 per acre for each acre
Industrial** (M-1 and M-2)	\$1,500.00 per application, Plus 50.00 per acre for each acre
Revising or Amending Proffers	\$1,125.00 per application

CONDITIONAL USE PERMITS

	\$ 750.00
Wireless Communication Tower	\$4,500.00

VARIANCES/APPEALS

\$ 450.00

CERTIFICATE OF APPROVAL (COA)

Minor site improvements (signs, Fences, outbuildings, walls, etc.)	\$ 50.00
Major site improvements	
Expanding the footprint of existing building	\$250.00
New construction	\$500.00
COA Appeal	\$500.00

SUBDIVISION REVIEWS

Major Subdivisions

1. Tentative Plat	\$750.00 plus \$25.00 per lot
2. Final Plat	\$600.00 plus \$20.00 per lot
3. Right-of-way Vacation	\$300.00
4. Vacation of Plat	\$225.00

Minor Subdivisions

1. Plats Officer Review	\$ 600.00 plus \$25.00 per lot
2. Vacation of lot line	\$75.00
3. Family Subdivision	\$75.00

****A \$250.00 FEE WILL BE IMPOSED ON ANY APPLICANT WHO REQUESTS A DEFERRAL OF A PUBLIC HEARING FOR A REZONING/CONDITIONAL USE PERMIT CASE ONCE THE CASE HAS BEEN ADVERTISED. IF REQUESTING A DEFERRAL, AN APPLICATION FOR DEFERRAL REQUEST NEEDS TO BE COMPLETED.**