



PERMIT APPLICATION:

Nelson County Department of Planning & Zoning

TO THE ZONING ADMINISTRATOR: _____ # _____
application type application number

1. The undersigned hereby petitions the Planning Commission and/or Board of Supervisors for approval of the following (check appropriate box):

- | | |
|---|--|
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Rezoning from _____ to _____ | <input type="checkbox"/> Site Plan – Minor |
| <input type="checkbox"/> Conditional Rezoning from _____ to _____ | <input type="checkbox"/> Site Plan – Major |
| <input type="checkbox"/> Other: _____ | |

Reason(s) for request:

(Please use reverse or attach additional sheet if more space is needed.)

2. Applicant(s) and Property Owner(s):

(Please provide names of applicants and property owners and indicate applicable title; if applicant is not the property owner, please show relationship, i.e. lessee, contract purchaser, etc.)

Applicant Property Owner Name: _____

Mailing Address: _____

Telephone #: _____ Email Address: _____

Relationship (if applicable): _____

Applicant Property Owner Name: _____

Mailing Address: _____

Telephone #: _____ Email Address: _____

Relationship (if applicable): _____

(Please attach additional sheet if more space is needed for applicant(s) / property owner(s) info.)

3. Location and Characteristics of Subject Property:

a. Address of Property (specific location, route numbers, street names, voting district, etc.):

b. Official tax map number:

c. Acreage of property:

d. Present use:

e. Present zoning classification:

f. Zoning classification of surrounding properties:

4. Affidavit: The undersigned applicant(s) and/or property owner(s) certifies that this application and the foregoing answers, statements, and other information herewith submitted are, in all respects, true and correct to the best of their knowledge and belief. Also, the applicant(s) and/or property owner(s) gives permission for members of the Planning Commission, Board of Supervisors, and County Staff to visit and view the subject property.

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

(Please attach additional sheet if more space is needed for applicant(s) / property owner(s) signatures.)

5. Additional information: *(Please attach separate sheet for additional details, explanations, etc.)*

6. Please note: In the event of cancellation or postponement at your request after the initial newspaper advertisement for this application, an additional fee will apply for re-advertisement (determined by the actual cost of the ad). This fee will not apply in cases of Planning Commission or Board of Supervisors deferment.

-----**TO BE COMPLETED BY PLANNING & ZONING STAFF**-----

Pursuant to Article _____, Section _____ of the Nelson County Zoning Ordinance.
Pursuant to Section _____, Subsection _____ of the Nelson County Subdivision Ordinance.

- Completed application and fee** (\$ _____) received on _____
- Hearing Notice published on** _____
- Planning Commission action:** Date of Meeting / Hearing: _____
Recommendation: _____
- Board of Supervisors action:** Date of Hearing: _____ Date of Decision: _____
Action: _____

Nelson County Planning & Zoning Department

(Mailing Address) P.O. Box 558, Lovingson, Virginia 22949 | *(Physical Address)* 80 Front Street, Lovingson, Virginia 22949
(Telephone Number) 434 263-7090 or Toll Free 888 662-9400, selections 4 & 1 | *(Fax Number)* 434 263-7086
<http://www.nelsoncounty-va.gov/departments/planning-zoning/>