

Application for Zoning Map Amendment



PROJECT NAME: (How should we refer to this application?) _____

TAX MAP PARCEL(s): _____

Does the owner of this property own (or have any ownership interest in) any abutting property? If yes, list those tax map and parcel numbers

<p>PROPOSAL: REZONE _____ ACRES</p> <p>FROM _____ ZONING DISTRICT</p> <p>TO _____ ZONING DISTRICT</p> <p>EXISTING COMP PLAN LAND USE/DENSITY: _____</p> <p>LOCATION/ADDRESS OF PARCEL(S) TO BE REZONED: _____</p> <p>CONVENTIONAL DISTRICTS – RA, VR, R-1, R-2, R-4, R-6, R-10, R-15, C-1, CO, HC, LI, HI, and DCD zoning districts</p> <p>PLANNED DEVELOPMENT DISTRICTS - MHD, PRD, PUD, NMD, PDMC, PDSC, and PD-IP zoning districts.</p>	<p>PROPOSAL: AMEND ZMA - _____ - _____</p> <p>by doing the following:</p> <p><input type="checkbox"/> By adding _____ Acres from _____ Zoning District to _____ Zoning District</p> <p><input type="checkbox"/> Amend an existing Planned District</p> <p><input type="checkbox"/> Amend existing proffers</p> <p><input type="checkbox"/> Amend a Code of Development</p> <p>EXISTING COMP PLAN LAND USE/DENSITY: _____</p> <p>LOCATION/ADDRESS OF PARCEL(S) TO BE REZONED: _____</p>
--	---

<p>Are you submitting a preliminary site plan with this application?</p> <p>Are you submitting a preliminary subdivision plat with this application?</p> <p>Are you proffering a plan with this application?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
---	---

Contact Person (Who should we call/write concerning this project?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Owner of Record _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

Applicant (Who is the Contact person representing?): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Fax # (____) _____ E-mail _____

FOR OFFICE USE ONLY ZMA # _____	SIGN # _____
Fee Amount \$ _____	Date Paid _____
By who? _____	Receipt # _____
Ck# _____	By: _____

County of Albemarle
Department of Community Development
401 McIntire Road Charlottesville, VA 22902 Voice: (434) 296-5832 Fax: (434) 972-4126

Section 15.2-2284 of the Code of Virginia states that, “Zoning ordinances and districts shall be drawn and applied with reasonable consideration for the existing use and character of property, the comprehensive plan, the suitability of property for various uses, the trends of growth or change, the current and future requirements of the community as to land for various purposes as determined by population and economic studies and other studies, the transportation requirements of the community, the requirements for airports, housing, schools, parks, playgrounds, recreation areas and other public services, the conservation of natural resources, the preservation of flood plains, the preservation of agricultural and forestal land, the conservation of properties and their values and the encouragement of the most appropriate use of land throughout the locality.”

**REQUIRED ATTACHMENTS & OTHER INFORMATION TO BE PROVIDED for
THE APPLICATION TO BE OFFICIALLY SUBMITTED**

- Application Signature Page**
 - One (1) completed & signed copy of the appropriate checklist** (see list on page 3).
 - One (1) copy of the Pre-application Comment Form received from county staff**
 - One (1) copy of any special studies or documentation as specified on the Pre-application Comment Form**
 - Seventeen (17) folded copies** of a Conceptual Plan for **conventional zoning districts** (see districts on page 1)
- OR
- Seventeen (17) folded copies** of an Application Plan for **planned development districts** (see districts on page 1)
 - Seventeen (17) copies** of a written narrative

The narrative must be laid out to identify each of the bulleted **TITLES** as follows:

- **PROJECT PROPOSAL**
The project proposal, including its public need or benefit; (be as descriptive as possible)
 - **For proposed Neighborhood Model District (NMD)** - Provide a statement describing how the proposed district satisfies the intent of Chapter 18 and if one or more characteristics of the neighborhood model delineated in section 20A.1 of Chapter 18 are missing from the application, then provide a justification as to why any characteristics cannot or should not be provided with the proposal
- **CONSISTENCY WITH COMPREHENSIVE PLAN**
The proposed project’s consistency with the comprehensive plan, including the land use plan and the master plan for the applicable development area;
 - **For proposed Neighborhood Model District (NMD)** - Provide a narrative as to the project’s consistency with the neighborhood model.
- **IMPACTS ON PUBLIC FACILITIES & PUBLIC INFRASTRUCTURE**
The proposed project’s impacts on public facilities and public infrastructure.
- **IMPACTS ON ENVIRONMENTAL FEATURE**
The proposed project’s impacts on environmental features.
- **PROPOSED PROFFERS TO ADDRESS IMPACTS**
The proposed proffers to address impacts from the proposed project.

Proffers are voluntary offers to use property in a more restrictive way than the overall zoning district classification would allow. By State Code, proffers must have a reasonable relationship to the rezoning and are not mandatory. The rezoning must give rise to the need for the proffers; the proffers must be related to the physical development or physical operation of the property; and the proffers must be in conformity with the Comprehensive Plan.

REQUIRED ATTACHMENTS CONTINUED

- One (1) copy of a local traffic impact statement** as required by Virginia Code § 15.2-2222.1 and 24 VAC 30-155-40.
- One (1) copy of the most recent recorded plat**, that shows the Deed Book/Page Number, of the parcel(s) composing the proposed project, or a boundary survey if a portion of one or more parcels compose the proposed project, both of which shall include a metes and bounds description of the boundaries.
- Taxes, charges, fees, liens owed to the County of Albemarle**
As the owner/agent I certify that any delinquent real estate taxes, nuisance charges, stormwater management utility fees, and any other charges that constitute a lien on the subject property, which are owed to the County of Albemarle and have been properly assessed against the subject property, **have been paid**.

For a Neighborhood Model District (NMD) - new or amendment of an existing NMD

- Seventeen (17) copies of the Code of Development** satisfying the requirements of section 20A.5.
- One (1) copy of a parking and loading needs study** that demonstrates parking needs and requirements and includes strategies for dealing with these needs and requirements, including phasing plans, parking alternatives as provided in section 4.12.8, and transportation demand management strategies as provided in section 4.12.12; provided that the applicant may elect to submit the parking and loading needs study in conjunction with the preliminary site plan for the development if it determines that the uses that may occupy the buildings are not sufficiently known at the time of the zoning map amendment.
- One (1) copy of strategies for** establishing shared stormwater management facilities, off-site stormwater management facilities, and the proposed phasing of the establishment of stormwater management facilities.

OPTIONAL ATTACHMENTS:

- Proffer Form signed by owner(s) (1 copy).
- Additional Information, if any. (17 copies) _____

THE FOLLOWING ZONING DISTRICT CHECKLISTS WILL BE USED BY BOTH THE APPLICANT AND STAFF DURING THE MANDATORY PRE-APPLICATION MEETING.

ALSO CONSULT THE OTHER DOCUMENTS BELOW BEFORE SUBMITTING AN APPLICATION:

[CONVENTIONAL ZONING DISTRICT CHECKLIST](#)

[STAFF ANALYSIS OF ZMA & SP REQUESTS](#)

[PLANNED DEVELOPMENT ZONING DISTRICT CHECKLIST](#)

[WATER AND SEWER EVALUATION CHECKLIST](#)

[NEIGHBORHOOD MODEL DISTRICT CHECKLIST](#)

[PLANNING COMMISSION REQUEST FOR INFO](#)

[PROFFER FORM \(MS Word doc\)](#)

APPLICATION SIGNATURE PAGE

If the person signing the application is someone other than the owner of record, then a signed copy of the “**CERTIFICATION THAT NOTICE OF THE APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER**” form must be provided in addition to the signing the application below. (page 6)

Owner/Applicant Must Read and Sign

By signing this application, I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner of the subject parcel(s) listed in County Records. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge. By signing this application, I am consenting to written comments, letters and or notifications regarding this application being provided to me or my designated contact via fax and or email. This consent does not preclude such written communication from also being sent via first class mail.

Signature of Owner / Agent / Contract Purchaser

Date

Print Name

Daytime phone number of Signatory

Required FEES to be paid once the application is deemed complete:

**What type of Zoning Map Amendment are you applying for?
Staff will contact you regarding the fee once the application is deemed complete**

<input type="checkbox"/> Zoning Map Amendment of less than 50 acres	\$2,688
<input type="checkbox"/> Zoning Map Amendment of greater than 50 acres	\$3,763
<input type="checkbox"/> Application submitted under section 30.7.6.	NO FEE
<input type="checkbox"/> ALL ZONING MAP AMENDMENTS - FIRE RESCUE REVIEW FEE	\$75
<input type="checkbox"/> Initial notice fee provided in conjunction with an application, for preparing and mailing notices and published notice	\$435

Other FEES that may apply:

Fees for re-advertisement and notification of public hearing after advertisement of a public hearing and a deferral is made at the applicant's request

➤ Preparing and mailing or delivering up to fifty (50) notices	\$215 + actual cost of first-class postage
➤ Preparing and mailing or delivering each notice after fifty (50)	\$1.08 for each additional notice + actual cost of first-class postage
➤ Published notice (published twice in the newspaper for each public hearing)	Actual cost based on a cost quote from the publisher (averages between \$150 and \$250)
➤ Application submitted under section 30.7.6.	NO FEE

➤ Special Exception – provide written justification with application	\$457
Resubmittal fees for original Zoning Map Amendment fee of \$2,688	
➤ First resubmission	FREE
➤ Each additional resubmission (TO BE PAID WHEN THE RESUBMISSION IS MADE TO INTAKE STAFF)	\$1,344
Resubmittal fees for original Zoning Map Amendment fee of \$3,763	
➤ First resubmission	FREE
➤ Each additional resubmission (TO BE PAID WHEN THE RESUBMISSION IS MADE TO INTAKE STAFF)	\$1,881

The full list of fees can be found in [Section 35 of the Albemarle County Zoning Ordinance](#).

**CERTIFICATION THAT NOTICE OF THE
APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER**

This form must accompany this zoning application if the application is not signed by the owner of the property.

I certify that notice of the application for, _____
[Name of the application type & if known the assigned application #]

was provided to _____
[Name(s) of the record owners of the parcel]

the owner of record of Tax Map and Parcel Number _____

by delivering a copy of the application in the manner identified below:

_____ Hand delivery of a copy of the application to _____
[Name of the record owner if the record owner is a person; if the owner of record is an entity, identify the recipient of the record and the recipient's title or office for that entity]
on _____
Date

_____ Mailing a copy of the application to _____
[Name of the record owner if the record owner is a person; if the owner of record is an entity, identify the recipient of the record and the recipient's title or office for that entity]
on _____ to the following address _____
Date

[Address; written notice mailed to the owner at the last known address of the owner as shown on the current real estate tax assessment books or current real estate tax assessment records satisfies this requirement].

Signature of Applicant

Print Applicant Name

Date