

Zoning Clearance Checklist

Applicant **MUST HAVE** the following information to apply for a Zoning Clearance:

- 1) Tax Map and Parcel or Address, Building Name, Suite/Unit/Floor numbers, if applicable.
- 2) A Floor Plan - either a sketch or an architectural drawing
 - a) If using less than the entire structure, note the location within the structure;
 - b) Note the total square footage of the use;
 - c) Note the square footage of each room or area of use;
 - d) Note the use of each room or area of use.

FEES

Zoning Clearance = \$54

Temporary Fundraising Activity = No fee

Conditions of Approval

FIREWORKS:

1. No person shall sell, offer for sale, store, display or discharge any fireworks in any filling station or on any premises where gasoline or other inflammable liquids are stored or dispensed. (Code 1967 10-13.) **County Code Section 6-200 and 6-300 and must be a minimum of 100 ft from any gas pumps/propane distribution tank.**
2. The site shall be cleaned and restored to its original condition on or before July 11th. This shall include removal of all structures, signs, debris, and the like.
3. A thirty (30) foot front setback shall be maintained, Display shall be located so as to avoid traffic congestion. Modifications subject to Zoning Administrator's approval.
4. Building permits shall be obtained for all proposed structures and/or lighting.
5. Sign permits shall be obtained for all proposed signage.
6. The sale of fireworks requires a special permit from Fire/Rescue department.

CHRISTMAS TREES:

1. The outside storage of combustible material or flammable materials shall be located so as not to constitute a hazard and shall not be less than 15 feet from any building on the site. Any open burning must comply with the Virginia Statewide Fire Prevention Code and the Albemarle County Code.
2. The site shall be cleaned and restored to its original condition on or before January 2. This shall include the removal of all structures, signs, debris, and the like.
3. A thirty (30) foot front setback shall be maintained, Display shall be located so as to avoid traffic congestion. Modifications subject to Zoning Administrator's approval.
4. Building permits shall be obtained for all proposed structures and/or lighting.
5. Sign permits shall be obtained for all proposed signage.

OTHER REVIEWS:

1. Is the property on public or private water/sewer?
Private requires Health Department, Public requires ACSA review **(2 to 5 days)**
2. Will you be operating a bakery?
USDA review is required **(approx. 2 weeks but as long as 6 weeks)**
3. If you are serving prepackaged baked goods but not making them on the Premises, only Health Department will review. **(2 to 5 days)**
4. If you will be operating any business that is in an industrially zoned district or of an industrial nature you will need to provide a Letter of Performance Standards or Certified Engineer's Report (a staff member will provide an information packet addressing this requirement) **(5 to 10 days as soon as the Letter or Report is received by this Department)**
5. If there has been no site inspection within the last three (3) months for the parcel/site, then one will be conducted to verify that the project is in compliance with an approved site plan (if applicable).

Application for Zoning Clearance

CLE # _____



PLEASE REVIEW ALL 3 SHEETS

OFFICE USE ONLY

Check # _____ Date: _____
Receipt # _____ Staff: _____

PARCEL INFORMATION

Tax Map and Parcel: _____ Existing Zoning _____

Parcel Owner: _____

Parcel Address: _____ City _____ State _____ Zip _____
(include suite or floor)

PRIMARY CONTACT

Who should we call/write concerning this project? _____

Address : _____ City _____ State _____ Zip _____

Office Phone: (____) _____ Cell # _____ Fax # _____ E-mail _____

APPLICANT INFORMATION

Check any that apply: _____ Change of ownership _____ Change of use _____ Change of name _____ New business

Business Name/Type: _____

Previous Business on this site _____

Describe the proposed business including use, number of employees, number of shifts, available parking spaces, number of vehicles, and any additional information that you can provide: _____

*This Clearance will only be valid on the parcel for which it is approved. If you change, intensify or move the use to a new location, a new Zoning Clearance will be required.

I hereby certify that I own or have the owner's permission to use the space indicated on this application. I also certify that the information provided is true and accurate to the best of my knowledge. I have read the conditions of approval, and I understand them, and that I will abide by them.

Signature _____ Printed _____

APPROVAL INFORMATION

- Approved as proposed Approved with conditions Denied
- Backflow prevention device and/or current test data needed for this site. Contact ACSA, 977-4511, x117.
- No physical site inspection has been done for this clearance. Therefore, it is not a determination of compliance with the existing site plan.
- This site complies with the site plan as of this date.

Notes: _____

Building Official _____ Date _____

Zoning Official _____ Date _____

Other Official _____ Date _____

Intake to complete the following:

Y / N
 Is use in LI, HI or PDIP zoning? If so, give applicant a Certified Engineer's Report (CER) packet.

Y / N
 Will there be food preparation?
 If so, give applicant a Health Department form.
 Zoning review can not begin until we receive approval from Health Dept. **FAX DATE** _____

Circle the one that applies
 Is parcel on **private well** or **public water**?
 If private well, provide Health Department form.
 Zoning review can not begin until we receive approval from Health Dept. **FAX DATE** _____

Circle the one that applies
 Is parcel on **septic** or **public sewer**?

Y / N
 Will you be putting up a new sign of any kind? If so, obtain proper Sign permit.
Permit # _____

Y / N
 Will there be any new construction or renovations?
 If so, obtain the proper Permit.
Permit # _____

Reviewer to complete the following:

Square footage of Use: _____

Y / N
 Permitted as: _____

Under Section: _____

Supplementary regulations section:

Parking formula:

Required spaces:

Y / N
 Items to be verified in the field:

Inspector : _____ **Date:** _____

Notes:

Zoning to complete the following:

Violations:
 Y / N
 If so, List:

Variance:
 Y / N
 If so, List:

Clearances:

Proffers:
 Y / N
 If so, List:

SP's:
 Y / N
 If so, List:

SDP's

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

This form must accompany zoning applications (Home Occupation, Zoning Clearance, Zoning Administrator Determinations or Appeals, Sign Permits, Building Permits) if the application is not the owner.

I certify that notice of the application, _____
[County application name and number]

was provided to _____ the owner of record of Tax Map
[name(s) of the record owners of the parcel]

and Parcel Number _____ by delivering a copy of the application in the
manner identified below:

_____ Hand delivering 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