

**Reinstatement of denied Site Plan;
 Extension of approval prior to expiration of an approved plan; or
 Appeal of disapproved plans**



Existing Site Plan Name & Number: _____

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

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Fax # _____ E-mail _____

FEES

Reinstatement of review after denial within 10 days of official submittal per section 32.4.2.1 (d)
 = **\$268.32** Fee \$258 + Technology Surcharge \$10.32

Reinstatement of review after denial within 15 days of resubmittal of revisions per section 32.4.2.5(e)
 = **\$89.44** Fee \$86 + Technology Surcharge \$3.44

A completed application and all supplemental documents should be submitted via the [Community Development Apply for page](#). If paper is the only option, then one copy of a completed application and all supplemental documents may be provided.

Extension of approval prior to expiration of an approved plan under section 32.4.3.8
 = **\$531.44** Fee \$511 + Technology Surcharge \$3.44

Appeal to the board of supervisors under section 32.4.2.6
 = **\$268.32** Fee \$258 + Technology Surcharge \$10.32 *Include written appeal request filed with the agent in Community Development*

Appeals to the planning commission and or board of supervisors under section 32.4.3.7 = No Fee
Include written appeal request filed with the agent in Community Development

Appeals to the planning commission and or board of supervisors under section 32.3.6 = No Fee
Include written appeal request filed with the agent in Community Development

Comments/Attachments:

Owner/Applicant Must Read and Sign

This reinstatement contains all of the information required by Section 32.5 (Initial Site Plan) and Section 32.6 (Final Site Plan) of the Albemarle County Zoning Ordinance.

OR

The request is for an extension of validity, or appeal.

 Signature of Owner, Contract Purchaser, Agent

 Date

 Print Name

 Daytime phone number of Signatory

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