

COUNTY OF ALBEMARLE

APPLICATION FOR A SPECIAL EXCEPTION

Request for a waiver, modification, variation or substitution permitted by Chapter 18

Variation to a previously approved Planned Development rezoning application plan or Code of Development

OR

Relief from a condition of approval

Provide the following

- 1 copy of a written request specifying the section or sections being requested to be waived, modified, varied or substituted, and any other exhibit documents stating the reasons for the request and addressing the applicable findings of the section authorized to be waived, modified, varied or substituted.

Provide the following

- 1 copy of the existing approved plan illustrating the area where the change is requested or the applicable section(s) or the Code of Development. Provide a graphic representation of the requested change.
- 1 copy of a written request specifying the provision of the plan, code or standard for which the variation is sought, and state the reason for the requested variation.

FEE = \$1,019.20

Application \$980 + Technology surcharge \$39.20

Project Name : _____

Current Assigned Application Number (HS, HO, CLE, SDP, SP or ZMA) _____

Tax map and parcel(s): _____

Applicant / Contact Person _____

Address _____ City _____ State _____ Zip _____

Daytime Phone# (_____) _____ Fax# (_____) _____ Email _____

Owner of Record _____

Address _____ City _____ State _____ Zip _____

Daytime Phone# (_____) _____ Fax# (_____) _____ Email _____

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

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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 3)

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

FOR OFFICE USE ONLY APPLICATION# _____ Fee Amount \$ _____ Date Paid _____

By who? _____ Receipt # _____ Ck# _____ By _____

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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