SPECIAL USE PERMIT APPLICATION CHECKLIST

BUCKINGHAM COUNTY OFFICE OF ZONING AND PLANNING MINIMUM SUBMISSION REQUIREMENTS

The following table lists the information necessary to review a special use application. All items are required, unless otherwise stated, and must be submitted in order for the application to be accepted for review. This completed checklist must be submitted with the application.

Adjacent Property Owners List and Affidavit (pages 4, 5 & 6 attached). This list can be obtained from the Clerk of Courts Office: YES NO

Completed application for special use permit (page 3 attached). If not signed by the owner, a Power of Attorney must accompany the application: YES NO

Interest Disclosure Affidavit (page 7 attached). Must be signed by the owner: YES NO

Power of Attorney (page 10 attached). Required if anyone other than the owner is signing the application form or proffer statement on behalf of the owner: YES NO

Written Narrative (page 11 guidance in preparing the Written Narrative): YES NO

Fees: YES NO

Deed: YES NO

Plat (15 copies). The plat information may be incorporated into the Special Use Permit General Site Plan, in which case, copies of a separate plat are not required. The plat must be prepared by a certified land surveyor or licensed civil engineer and contain the following:
   A. Bearings and distances of a scale of 1” = 100’ or less for all property lines and existing and proposed zoning lines: YES NO
   B. Area of land proposed for consideration, in square feet or acres: YES NO
   C. Scale and north point: YES NO
   D. Names of boundary roads or streets and widths of existing right-of-ways: YES NO

Tax Map (15 copies). Identify property that special use is being considered for and identify by name all adjacent landowners.
Special Use General Site Plan (15 copies) The General Site Plan must contain the following:

1. Vicinity Map – Please show scale: YES NO N/A
2. Owner and Project Name: YES NO N/A
3. Parcel Identification numbers, name, present zoning, and zoning and use of all abutting or adjoining parcels: YES NO N/A
4. Property lines of existing and proposed zoning district lines: YES NO N/A
5. Area of land proposed for consideration, in square feet or acres: YES NO N/A
6. Scale and north point: YES NO N/A
7. Names of boundary roads or streets and widths of existing right-of-ways: YES NO N/A
8. Easements and encumbrances, if present on the property: YES NO N/A
9. Topography indicated by contour lines: YES NO N/A
10. Areas having slopes of 15% to 25% and areas having slopes of 25% or greater clearly indicated by separate shading devices (or written indication of “no areas having slopes of 15% to 25% or greater”): YES NO N/A
11. Water Courses to include the approximate location of the 100 year floodplain (if applicable) based on FEMA maps (or written indication of “not in floodplain”): YES NO N/A
12. Delineation of existing mature tree lines or written indication of “no mature tree lines”: YES NO N/A
13. Proposed roads with right-of-way width that will connect with or pass through the subject property: YES NO N/A
14. General locations of major access points to existing streets: YES NO N/A
15. List of the proposed density for each dwelling unit type, and/or intensity of each non-residential use: YES NO N/A
16. Location of any open space and buffer areas, woodland conservation areas, storm water management facilities, and community and public facilities: YES NO N/A
17. Location of existing and proposed utilities, above or underground: YES NO N/A
18. Vehicular and pedestrian circulation plan, including traffic counts and typical street sections, right-of-way improvements, access points, travel ways, parking, loading, stacking, sidewalks, and trails: YES NO N/A
19. Layouts and orientation of buildings and improvements, building use, height, setbacks from property lines and restriction lines: YES NO N/A
20. Location and design of screening and landscaping: YES NO N/A
21. Building architecture: YES NO N/A
22. Site lighting proposed: YES NO N/A
23. Area of land disturbance in square feet and acres: YES NO N/A
24. Erosion and Sediment Control Plan submitted (10,000 square feet or more): YES NO N/A
25. Historical sites or gravesites on general site plan: YES NO N/A
26. Show impact of development of historical or gravesite areas: YES NO N/A
27. A copy of the current status of all real estate taxes of all property owned in Buckingham County. If real estate taxes are not current, an explanation in writing and signed by the owner shall accompany this application. Any liens or other judgments against property shall also be explained in writing and signed by the owner: YES NO N/A
APPLICATION FOR A SPECIAL USE PERMIT

CASE NUMBER: ____________________
(Case Number Assigned by Zoning Administrator)

DATE OF APPLICATION: ______________________

Special Use Permit Request: ________________________________________________________________
_____________________________________________________________________________________

Purpose of Special Use Permit: ___________________________________________________________
_____________________________________________________________________________________

Zoning District: ________________________ Number of Acres: ______________________

Tax Map Section: _____ Parcel: _____ Lot: ____ Subdivision: _______ Magisterial Dist.: __________

Street Address: __________________________________________________
Directions from the County Administration Building to the Proposed Site: _________________________
_____________________________________________________________________________________

Name of Applicant: __________________________________________________
Mailing Address: __________________________________________________

Daytime Phone: ____________________________  Cell Phone: ________________________________
Email: _____________________________________  Fax: _______________________________________

Name of Property Owner: __________________________________________________
Mailing Address: __________________________________________________

Daytime Phone: ____________________________  Cell Phone: ________________________________
Email: _____________________________________  Fax: _______________________________________

Signature of Owner: ____________________________ Date: ___________________

Signature of Applicant: _________________________________ Date: ____________________

Please indicate to whom correspondence should be sent:
___Owner of Property  ___Contractor Purchaser / Lessee  ___Authorized Agent  ___Engineer
___Applicant
ADJACENT PROPERTY OWNER’S LIST
(Required)
The applicant shall provide a list of all adjoining landowners, including subject property and all property immediately across the street/road from the subject property. Any body of water does not constitute a boundary line for this purpose, therefore a body of water and the property adjoining the subject property but separated by a body of water is still considered an adjoining landowner. County boundary lines and those adjoining property owners in the next County are considered adjoining property owners if the land adjoins the subject’s property. Adjoining landowners can be verified through the Buckingham County Clerk of Courts or the Clerk’s Office in the adjoining County, or by personal contact. The list shall include the name, address, town/city, zip code, road route number, tax map section number, parcel number, lot number, and subdivision. The list shall be typewritten or printed legibly. Failure to list all adjoining landowners could delay the process.

1. Name: _____________________________________________________________________________
Mailing Address: _______________________________________________________________________
Physical Address: _______________________________________________________________________
Tax Map Section: __________ Parcel: _________ Lot: ________ Subdivision: ______________________

2. Name: _____________________________________________________________________________
Mailing Address: _______________________________________________________________________
Physical Address: _______________________________________________________________________
Tax Map Section: __________ Parcel: _________ Lot: ________ Subdivision: ______________________

3. Name: _____________________________________________________________________________
Mailing Address: _______________________________________________________________________
Physical Address: _______________________________________________________________________
Tax Map Section: __________ Parcel: _________ Lot: ________ Subdivision: ______________________

4. Name: _____________________________________________________________________________
Mailing Address: _______________________________________________________________________
Physical Address: _______________________________________________________________________
Tax Map Section: __________ Parcel: _________ Lot: ________ Subdivision: ______________________
6. Name: _____________________________________________________________________________
Mailing Address: _____________________________________________________________________________
Physical Address: _____________________________________________________________________________
Tax Map Section: _______ Parcel: _______ Lot: _______ Subdivision: ______________________

7. Name: _____________________________________________________________________________
Mailing Address: _____________________________________________________________________________
Physical Address: _____________________________________________________________________________
Tax Map Section: _______ Parcel: _______ Lot: _______ Subdivision: ______________________

8. Name: _____________________________________________________________________________
Mailing Address: _____________________________________________________________________________
Physical Address: _____________________________________________________________________________
Tax Map Section: _______ Parcel: _______ Lot: _______ Subdivision: ______________________

9. Name: _____________________________________________________________________________
Mailing Address: _____________________________________________________________________________
Physical Address: _____________________________________________________________________________
Tax Map Section: _______ Parcel: _______ Lot: _______ Subdivision: ______________________

10. Name: _____________________________________________________________________________
Mailing Address: _____________________________________________________________________________
Physical Address: _____________________________________________________________________________
Tax Map Section: _______ Parcel: _______ Lot: _______ Subdivision: ______________________

11. Name: _____________________________________________________________________________
Mailing Address: _____________________________________________________________________________
Physical Address: _____________________________________________________________________________
Tax Map Section: _______ Parcel: _______ Lot: _______ Subdivision: ______________________
ADJACENT PROPERTY OWNERS AFFIDAVIT

STATE OF VIRGINIA
COUNTY OF BUCKINGHAM

This _________________ day of ________________, year ________________,

I ____________________________________________________ hereby make oath that
(printed name of owner/contract purchaser/authorized agent)

the list of adjoining landowners is a true and accurate list as submitted with my
application.

Signed: (to be signed in front of notary public)

____________________________________________________________

( owner / contract purchaser / authorized agent – please circle one )

NOTARY:
COMMONWEALTH OF VIRGINIA

COUNTY OF ________________________________

STATE OF ________________________________

Subscribed and sworn to me on the ___________ day of ________________,

of the year ________________. My Commission expires on ________________.

Notary Public Signature: ____________________________________________
Stamp:
INTEREST DISCLOSURE AFFIDAVIT

STATE OF VIRGINIA
COUNTY OF BUCKINGHAM, VIRGINIA

On this __________ day of ________________________, of the year ______________,

I ______________________________________________ (printed name of owner)
hereby make oath that no member of the Buckingham County Board of Supervisors nor
the Buckingham County Planning Commission has interest in such property either
individually, or by ownership of stock in a corporation owning such land, or by
partnership, or as a holder of ten percent (10%) or more of the outstanding shares of
stock in or as a director or officer of any corporation owning such land, directly or
indirectly by such members of his/her immediate household, except as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Owner: (to be signed in front of notary public)

________________________________________________________________________

NOTARY PUBLIC
COUNTY OF __________________________________ STATE OF ___________________

Subscribed and sworn to me on this _____________ day of ______________________,
of the year ________________. My commission expires ________________________.

Notary Public Signature: ___________________________________________________
Stamp:
CULTURAL RESOURCE ASSESSMENT AND RECORD CHECK FOR PENDING DEVELOPMENT APPLICATIONS

Case Number / File Name: ________________________________________________________

Visual Inspection Findings (describe what is on the property now):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

County Records Check (describe the history of this property):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Were any historical sites or gravesites found on site, or be suspected by a reasonable person to be on the site? Yes ________ No ________
If yes, please explain and show on the site plan the location of such and explain any historical significance:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Will this proposal have any impact on the historical site or gravesite? Yes ____ No ____
If yes, please explain any impact:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Owner/Applicant Signature: _____________________________ Date: ____________________

Printed Name: _________________________________  Title: ___________________________
APPLICATION FOR A TRAFFIC Impact DETERMINATION

Please fill out the following information before presenting to VDOT:

Case Number / File Name: __________________________________________________

Applicant: _______________________________________________________________

Location: ________________________________________________________________

Proposed Use: ___________________________________________________________

For VDOT use only:

_____ A Traffic Impact Statement is required per 24 VAC 30-155-60.

_____ A Traffic Impact Statement is not required. The traffic generated by the proposed zoning change / development does not exceed normal thresholds.

_____ The Traffic Impact Analysis has been waived by the Zoning / Planning Department for the following reasons:

________________________________________________________________________
________________________________________________________________________

Does the existing entrance meet VDOT requirements for the proposed use?
Yes _________ No _________ If no, please explain the necessary steps to bring into compliance with the requirements for the proposed use:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of VDOT Resident Engineer: _________________________________________

Printed Name: ______________________________________ Date: _________________
SPECIAL POWER OF ATTORNEY AFFIDAVIT

STATE OF VIRGINIA
COUNTY OF BUCKINGHAM

On this __________ day of ____________________________, in the year of _________,
I _________________________________________ the owner of __________________
(printed name of landowner)     (Tax Map Number)

Hereby make, constitute, and appoint ________________________________________
(printed name)

my true and lawful attorney-in-fact, and in my name, place, and stead give unto him/her
said full power and authority to do and perform all acts and make all representation
necessary, without limitation whatsoever, to make application for said zoning. The
right, powers, and authority of said attorney-in-fact herein granted shall commence and
be in full force and effect on the day _________ of the month _____________________
in the year of _____________ and shall remain in full force and effect thereafter until
actual notice by certified mail with return receipt requested is received by the Zoning /
Planning Office of Buckingham County stating that the terms of this power have been
revoked or modified.

Signature of Landowner (to be signed in front of Notary Public):
____________________________________________________________________

NOTARY PUBLIC
County of ___________________________________ State of _____________________

Subscribed and sworn before me on the ____________ day of _____________________
in the year ________________. My commission expires ________________________.

Signature of Notary Public: _________________________________________________
Stamp:
WRITTEN NARRATIVE
The Written Narrative shall describe the relationship of the proposed project to the relevant components of the Comprehensive Plan. Please be very detailed and describe in depth each and every component 1 through 15. The following outline is provided to aid you in preparing the written narrative:

1. Land Use
2. Community Design
3. Cultural Resources
4. Economic Development
5. Environment
6. Fire and Rescue, Law Enforcement
7. Housing
8. Libraries
9. Parks and Open Spaces
10. Potable Water
11. Sewage
12. Schools
13. Telecommunications
14. Transportation
15. Solid Waste

If this proposal is for an event, describe the handling of the entire event, including but not limited to: number of participants, schedule of events, police, security, food, beverages, water, sanitation, emergencies, crowd control, entrances and exits, traffic control, signage, advertisement, parking, fee collection, control of animals, trash disposal, site clean-up, fighting, alcohol, abuse of alcohol and/or illegal substances.
SIGNAGE AT PROPERTY

The Buckingham County Zoning Ordinance requires the following:

The applicant in any case which requires a public hearing shall post signs furnished by the agent on each parcel involved at least 21 days prior to the public hearing indicating that a public hearing is eminent, the date, a rezoning issue, and a County contact number. The signs shall be placed on the VDOT right-of-way closest to the applicant’s property line and shall be clearly visible from the road with bottom of the sign not less than one and one half feet above the ground. If more than one public road abuts the property, the signs shall be placed in the same manner as above for each abutting road. If no road abuts a property, then the agent shall define an area for the signs. The agent may ask the applicant that the sign be moved to another area either on the property to achieve greater public visibility. The applicant shall be responsible for keeping the signs free from grass, weeds, and any other plants or vines that may obstruct the public’s view. The applicant shall contact the Virginia Department of Transportation for any information concerning where the right-of-way is located. The applicant shall be responsible for the signs should VDOT or their contractor conduct mowing or clearing of the right-of-way in the area where the sign is located.

Any signs required shall be maintained at all times by the applicant up to the time of the final public hearing. No person, except the applicant or the agent or an authorized agent of either, shall remove or tamper with any sign furnished during the period it is required to be maintained under this section. All signs erected under this ordinance shall be removed by the applicant within 15 days following a decision at the final public hearing and shall be returned to the agent. The applicant shall purchase the signs at a fee as determined by the Board of Supervisors and shall be non-refundable. The applicant shall be responsible for the replacement of the sign(s) and shall contact the agent as soon as possible for another sign to be replaced as the manner described above. Should the sign(s) have to be replaced more than twice, this section shall no longer be forced upon the applicant.

I have read, understand and agree to the above requirements.

Applicant/Owner: ________________________________________

Date: __________
TENTATIVE SCHEDULE FOR A SPECIAL USE PERMIT

The application, site plan, written narrative, and all information requested in this application must be filled out in its entirety and supplied to the Buckingham Zoning / Planning Office and the fee must be paid before this case will be allowed to move forward.

Case will be introduced at a regularly scheduled Planning Commission meeting held on the fourth Monday of every month. Planning Commission may set a Public Hearing at this time to be held during a regularly scheduled meeting. Public Hearings offer an opportunity for citizens to speak concerning the case.

Following the Planning Commission Public Hearing, the Planning Commission may make a recommendation to approve / deny / or table the case for more information. Once the Planning Commission makes a recommendation to approve or deny, this recommendation will be forwarded to the Board of Supervisors at their next regularly scheduled meeting. The Board of Supervisors meetings are held on the second Monday of every month. The Board of Supervisors may set a Public Hearing at this time to be held during a regularly scheduled meeting. The Board of Supervisors will make the final decision to approve or deny the application after the public hearing.

Example Timeline:

January 25  Case is introduced to Planning Commission. Planning Commission sets Public Hearing for next regularly scheduled meeting on February 22.

February 22  Planning Commission Public Hearing. Planning Commission recommends to approve / deny / or table for more information. Once the Planning Commission reaches a decision to approve or deny, this recommendation will be forwarded to the Board of Supervisors at their next regularly scheduled meeting.

March 8  Case is introduced to Board of Supervisors.

April 12  Board of Supervisors may approve / deny / table for more information.

The Planning Commission and the Board of Supervisors has a right to call extra public hearings at their discretion if the Board(s) decide they are needed.

You or your agent are encouraged to attend these meetings to answer any questions that may arise concerning your application / proposal. The County strongly encourages the applicant to visit the area around his proposed site and understand what the adjoining landowner concerns are.