



County of Gloucester  
Department of Planning and Zoning  
P. O. Box 329  
Gloucester, Virginia 23061  
804-693-1224 FAX 804-693-7037

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Date Complete \_\_\_\_\_  
Tax Map/Parcel No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Received by \_\_\_\_\_

**APPLICATION FOR A CONDITIONAL USE PERMIT**

**TRANSITIONAL HOME (up to 8 residents)**   
**TRANSITIONAL COMMUNITY FACILITY (9 to 50 residents)**

**A. PROPERTY INFORMATION:**

Property Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-911 Address: \_\_\_\_\_  
Magisterial District: \_\_\_\_\_ Tax Map: \_\_\_\_\_

**B. SUPPORTING DOCUMENTATION**

At a *minimum* the following documentation is required for this application to be deemed complete:

- Pre-application meeting held on \_\_\_\_\_ (application will be accepted only after meeting)
- Site Plan meeting the requirements of Section 14-23b(1)
- Front, side and rear elevations and floor plans of the buildings proposed for this use
- Business plan
- Operations plan (including source of funding, list of principals, governing body (if applicable), type of management)
- Administrator's experience and qualifications

**Other information may be deemed necessary to adequately review the application and potential impacts (see list of potential conditions)**

**C. CRITERIA**

The following code sections apply to this request:

See Appendix B: Zoning Ordinance for the Criteria Mentioned Below

- Section 2-2 - Definitions – number of residents proposed: \_\_\_\_\_
- Section 5-2 - Official Schedule of District Regulations – zoning of property: \_\_\_\_\_
- Article 9 - Supplementary District Regulations – Transitional Homes and Community and Community Facilities
- Article 14 - Administrative Procedures, Conditional Use Permits
- See Attached List of Possible Conditions that may be considered by the PC and BOS for this use, particularly if a license is not obtainable or applicable to this use.
  - License to Operate will be obtained from: \_\_\_\_\_
  - License to Operate is not obtainable or applicable to this home or facility \_\_\_\_\_
    - Reason : \_\_\_\_\_

**D. LIST THE NAMES AND ADDRESSES OF OWNERS OR OCCUPANTS OF ALL ADJACENT PROPERTY OR PROPERTY ACROSS A ROAD, HIGHWAY OR RAILROAD RIGHT-OF-WAY. ADDRESSES SHOULD COINCIDE WITH THOSE IN THE COMMISSIONER OF THE REVENUE OFFICE. (Please Print)**

NAME	ADDRESS	TAX MAP/PARCEL#
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

*The undersigned declare(s) that the above statements and those contained in any exhibits transmitted to the Gloucester County Board of Supervisors are true.*

**PERSON(S) REPRESENTING THE APPLICATION:**

Name: \_\_\_\_\_ (Signature)  
 Address: \_\_\_\_\_ (Date)  
 \_\_\_\_\_ Phone: \_\_\_\_\_

**OWNER(S) OF THE PROPERTY:**

Name: \_\_\_\_\_ (Signature)  
 Address: \_\_\_\_\_ (Date)  
 \_\_\_\_\_ Phone: \_\_\_\_\_

*By signing the above I hereby grant permission to the designated personnel of Gloucester County, and any other agency deemed appropriate by Gloucester County, to enter the subject property for purpose of review of the proposed application, to post signs prior to the public hearing by the Planning Commission, and to remove said signs after the public hearing by the Board of Supervisors.*

**IMPORTANT:** The conditional use permit application must be deemed complete before it can be transmitted to the Planning Commission to request a public hearing be scheduled.

Submit completed application and supporting documents to the Department of Planning & Zoning

**LIST OF POSSIBLE CONDITIONS TO BE CONSIDERED  
FOR A TRANSITIONAL HOME AND TRANSITIONAL COMMUNITY FACILITY**

Through the Conditional Use Permit process, the Planning Commission may recommend, and the Board of Supervisors may impose, conditions deemed necessary to protect the public interest, health, safety, and welfare of Gloucester residents. The following is a list of conditions that were considered during the development of the Transitional Homes and Community Facilities Code Amendment.

Applicants should review the list and, as part of the application process, demonstrate how their proposed use addresses the ***potential*** conditions. \_\_\_\_\_.

Applicant’s signature - acknowledgement

Gloucester County Code Section 9-21, Subsection C, requires submittal of an annual report to the Zoning Administrator demonstrating compliance with all Conditional Use Permit requirements and conditions, all applicable license requirements, and all other applicable local, state and federal laws and regulations.

<b>General Site Conditions</b>	<b>Addressed or Not Applicable</b>
<p>Access to a state road.</p> <p>When the home or facility is not located immediately adjacent to a public road, provide a reasonable minimum right of way to a state maintained road to serve the anticipated traffic and emergency vehicle access.</p> <p>Where the means of access from the subject property to a state road is by way of an existing or proposed right-of-way or easement over property not owned by the applicant, the applicant shall provide verification that they have the expressed legal right to use the right-of-way or easement for purposes of the proposed use.</p>	
<p>Lighting shall not constitute a nuisance and shall in no way impair safe movement of traffic on any street or highway; lighting shall not shine directly on adjacent properties.</p>	
<p>Equipment and machinery shall be operated and maintained in such a manner as to minimize dust, noise, odor, and vibration.</p>	
<p>Location of parking and loading areas should be compatible with the surrounding area – Screen parking and loading areas from view of transportation right of ways and adjacent residential uses.</p>	
<p>Screen outside storage areas from view on all sides.</p>	
<p>Secure all required federal, state, and local permits.</p>	
<p>Facility shall meet all applicable codes</p>	

**LIST OF POSSIBLE CONDITIONS TO BE CONSIDERED  
FOR A TRANSITIONAL HOME AND TRANSITIONAL COMMUNITY FACILITY**

General Site Conditions	Addressed or Not Applicable
Fence in outdoor activity areas.	
Proximity to another Transitional Home or Transitional Community Facility approved by the County	
The applicant shall provide required information to the Board of Supervisors for its consideration. Required information may include, but is not limited to, noise levels, transportation impacts, distance from residences or businesses, etc. as well as the required site plans and floor plans for the proposed facility.	

The following conditions are listed for facilities ***that are not eligible for licensing by a state agency***. If the proposed home or facility will be licensed, the applicant shall submit a copy of the licensing requirements for the home or facility to assist the county in determining the appropriate conditions to avoid redundancy with another agency's requirements and oversight. The facility will be licensed by \_\_\_\_\_

Name of licensing facility/facilities

\_\_\_\_\_  
Copy of requirements attached (applicant's acknowledgment)

**Conditions Related to the Operation of the Home or Facility that may be needed in Lieu of Licensing - they can be modified to address the type of facility proposed but it will be the applicant's responsibility to document why the conditions will protect the health safety and welfare of the residents of the facility and the County:**

1. Residents shall be non-violent as determined by the agency or agencies referring the residents to the facility. A resident shall not be referred to a transitional community facility if they are on parole or probation for a violent offense.
2. The facility and recovery program shall be administered by a full time administrator or manager who shall be responsible for adherence to all applicable requirements for its operation including the requirements chosen from this list.
3. Consideration will be given to how the facility serves the needs of Gloucester County and Gloucester County residents. The applicant may be required to demonstrate this to the Planning Commission and Board of Supervisors.
4. The facility and all vehicles used to transport staff and residents shall be insured for general liability and property damage.
5. Staffing considerations:
  - a. There must be at least one staff person at the home/ facility who is awake, available and responsive to residents' needs 24 hours a day

**LIST OF POSSIBLE CONDITIONS TO BE CONSIDERED  
FOR A TRANSITIONAL HOME AND TRANSITIONAL COMMUNITY FACILITY**

- b. All staff shall be trained in standard safety procedures, first aid, CPR and have a valid driver's license
  - c. At least one member of the staff on duty during night shift(s) shall be licensed as a Medical Aid, Nurse, or Certified Substance Abuse Counselor
6. The facility, staff, and residents shall abide by all local, state, and federal laws.
7. The program provider shall provide documentation of an established connection with a medical treatment provider for the residents of the facility **or** demonstrate how the medical needs of the residents will be provided for.
8. The facility shall have or provide the following:
  - a. Working Smoke Detectors
  - b. A Housekeeping and Maintenance Plan – both the interior and exterior of the property shall be kept clean and maintained in good repair (lawn mowed twice per week during the growing season, property kept neat and free of debris, interior cleaned on a weekly basis)
  - c. Adequate kitchen and eating facilities to accommodate the number of residents and staff using the facilities
  - d. Sleeping quarters shall have at least 55 square feet of floor space per resident with a maximum of 3 persons per bedroom
  - e. Male and Females shall have separate sleeping quarters unless the program provider determines otherwise and substantiates appropriateness
  - f. Each resident shall be provided with a bed, mattress, pillow, bed linens, chair, closet or locker space at a minimum
  - g. Space for private counseling, group meetings, visitation, staff accommodations (may be separate space or the same space serving multiple uses)
  - h. Minimum one toilet for every 4 residents
  - i. Minimum one wash basin for every 4 residents
  - j. Minimum one shower for every 4 residents
  - k. At least one washer and dryer or a laundry service
  - l. A phone on premises and available at all times
  - m. A method for garbage and waste disposal
  - n. Transportation available for staff and residents
    - i. One parking space per staff person (maximum number of staff members on duty) plus two (2) for visitors or parking as required by BOS based on plans submitted.
    - ii. Parking shall be to the side or rear of the building and screened from view of public or private right of ways or adjacent properties
  - o. A floor plan demonstrating the physical requirements for the facility shall be submitted as part of the Conditional Use application in order to confirm compliance
9. The Rules and Regulations shall be posted and easily accessible to staff and residents

**LIST OF POSSIBLE CONDITIONS TO BE CONSIDERED  
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10. Track resident movement within the facility as well as into and out of facility in accordance with written procedure that accounts for each residents' whereabouts at all times
11. Verify resident whereabouts when not in the facility in accordance with written procedures and proscribed by staff
12. Develop written procedures for emergencies with staff and residents trained to respond to emergencies (fire, first aid, etc.)

### Conflict of Interest Statement

In accordance with Section 14-22 of the Gloucester County Zoning Ordinance, I certify that my application for zoning amendment, \_\_\_ variance, and \_\_\_ zoning appeal, \_\_\_ special exception, or \_\_\_ conditional use permit is subject to the following is subject to the following:

Does any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition, either individually, or by ownership of stock in a corporation owning such land or partnership?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Does a member of the immediate household of any member of the Planning Commission, Board of Zoning Appeals, Historic Landmarks Commission, or governing body (Board of Supervisors) have any interest in the **property** which is the subject of this application/petition?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes to either question above, please state:

Person's name: \_\_\_\_\_

Member of: \_\_\_\_\_

Nature of their interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information contained in this conflict of interest statement is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

CITY/COUNTY OF \_\_\_\_\_  
COMMONWEALTH OF VIRGINIA

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

Notary Registration Number: \_\_\_\_\_

My commission expires: \_\_\_\_\_