



County of Gloucester
Department of Planning and Zoning
P. O. Box 329, 6489 Main Street
Gloucester, Virginia 23061
(804) 693-1224

FOR OFFICE USE ONLY

Date Rec'd _____
Case No. _____
Tax Map/Parcel No. _____
Receipt No. _____
Received by _____

APPLICATION FOR SPECIAL EXCEPTION

A. APPLICANT INFORMATION:

Applicant Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

B. PROPERTY INFORMATION:

E-911 Address: _____

Tax Map/Parcel #: _____ Magisterial District: _____

Zoning District: _____

Property Owner Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

C. REQUEST:

D. CRITERIA

The following criteria apply to this request:

(See Section 5-2 Official Schedule of District Regulations Adopted, Special Exception Criteria)

All criteria will be met. (Applicant must include evidence that the specific criteria will be met.)

A variance is needed for the following criteria:

PRIVACY ACT STATEMENT: Information provided in this application will be used in the application review process and is a matter of public record once the application is filed.

CERTIFICATION: I agree to allow the members and representatives of the Board of Zoning Appeals and duly authorized personnel of Gloucester County to enter upon said premises at reasonable times to inspect and/or photograph site conditions for review of this application. In addition, I certify under penalty of law that this document and all attachments were prepared by myself or under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

NOTICE: *If the property owner(s) does not sign this application (below), written notice will be given to the property owner(s) within 10 days of the receipt of this application as required by Virginia Code § 15.2-2204.*

<p>APPLICANT / PERSON REPRESENTING THE APPLICATION:</p> <p>Applicant (print): _____</p> <p>Applicant Signature: _____ Date: _____</p> <p>OWNER(S) OF THE PROPERTY:</p> <p>Property Owner (print): _____</p> <p>Property Owner Signature: _____ Date: _____</p> <p>Property Owner (print): _____</p> <p>Property Owner Signature: _____ Date: _____</p>
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NOTE: *A completed Conflict of Interest Form must be submitted for each applicant and each property owner.*

Applications for special exceptions may be made by any property owner, tenant, government official, department, board, or bureau. Such applications shall be made to the Zoning Administrator, who shall promptly transmit the application and accompanying maps, plans, and/or other information to the Secretary of the BZA – who shall in turn place the matter on the Board’s docket. The Zoning Administrator shall also transmit a copy of the application to the Planning Commission, which may send a recommendation to the BZA or appear as a party at the hearing. Within sixty (60) days of receipt of a completed application for a special exception, and after public notice as required by §15.2-2204 of the Code of Virginia, the BZA shall hold a public hearing on the application for special exception. Procedures for granting a special exception shall be as set forth in Sections 14-17 through 14-20 of the Zoning Ordinance.

SUBMIT APPLICATION TO: Gloucester County Department of Planning & Zoning
County Office Building Two, 6489 Main Street, PO Box 329, Gloucester VA 23061 (804) 693-1224
APPLICATION FEE: \$275.00; Make check payable to Gloucester County; Payment is required with application and is NOT REFUNDABLE

Conflict of Interest Statement

In accordance with Section 14-22 of the Gloucester County Zoning Ordinance, I certify that my application for ___ variance, ___ zoning appeal, or ___ special exception 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: _____

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Yes

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Yes

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If yes to either question above, please state:

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