



COMMONWEALTH OF VIRGINIA  
COUNTY OF CUMBERLAND

<b>Internal Use Only</b>
FILE # _____
RECEIVED _____
RECEIPT # _____

### Application for Change in Zoning

(Rezoning/Zoning Map Amendment)

Last revised 4/20/19

Address/Location: \_\_\_\_\_

Election District: \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Acreage of Parcel: \_\_\_\_\_ Acreage to be Rezoned: \_\_\_\_\_

Tax Map Parcel(s): \_\_\_\_\_

Comprehensive Plan Area: \_\_\_\_\_

Are you submitting proffers with this application? If so, attach proffer(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this an amendment to an existing zoning application or to any existing zoning conditions? If so, provide copy of items to be amended.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you proffering a site/design plan with this application? If so, attach plan(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has a Traffic Impact Analysis (TIA) or Traffic Impact Statement (TIS) been conducted for this request? If so, attach study.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is an amendment to the subdivision or zoning ordinance proposed as part of this rezoning application? If so, attach the Code Amendment application.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Contact Person/Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Owner(s) of Record** (If different than applicant):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those tax map numbers:

\_\_\_\_\_

Section 15.2-2284 of the Code of Virginia states that, "Zoning ordinances and districts shall be drawn and applied with reasonable consideration for the existing use and character of property, the comprehensive plan, the suitability of property for various uses, the trends of growth or change, the current and future requirements of the community as to land for various purposes as determined by population and economic studies and other studies, the transportation requirements of the community, the requirements for airports, housing, schools, parks, playgrounds, recreation areas and other public services, the conservation of natural resources, the preservation of flood plains, the preservation of agricultural and forestal land, the conservation of properties and their values and the encouragement of the most appropriate use of land throughout the locality."

The questions that follow will be reviewed for analysis of your request. Please complete this form and provide any additional relevant information.

What public need or benefit does this rezoning serve?

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Are public water and sewer available to serve this site? Which public road(s) will serve this site? Will there be any impact on this infrastructure?

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Explain the present unavailability of land in the area zoned to permit the proposed use.

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Will the proposed use have any impact on Cumberland County's natural, scenic and historic resources?

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Do you have current plans to develop the property if the rezoning is approved? If so, please describe the intended land use(s) and number of lots if a subdivision is planned. Also, state whether new structures are to be constructed or if existing structures are to be used.

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Does this rezoning request comply with Cumberland County's Comprehensive Plan?

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Proffers are voluntary offers to use property in a more restrictive way than the overall zoning district classification would require.

If you would like to proffer any restrictions on the development of the property, list such proffers on an attached form.

Per VA State Code, proffers must have a reasonable relationship to the rezoning. The rezoning must give rise to the need for the proffers, the proffers must be related to the physical development or physical operation of the property, and the proffers must be in conformity with the Cumberland County Comprehensive Plan.

Are there any liens against the property?  **YES**  **NO** *(If Yes, please list them below)*

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**Attachments Required** – provide a copy of each:

1. *Recorded plat or boundary survey of the parcel(s) requested for the rezoning.* If there is no recorded plat or boundary survey, please provide legal description of the parcel(s) and the Deed Book and page number.

Note: If you are requesting a rezoning for a portion of a parcel, it must be described or delineated on a copy of the plat or surveyed drawing.

2. *Ownership information* – If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, an acceptable document must be submitted certifying that the person signing below has the authority to do so.

**If the applicant is a contract purchaser or an agent of the owner, an owner/agent agreement must be attached.**

**Certification**

I (We) hereby certify that I (we) own the subject property, or have the legal power to act on behalf of the owner in filing this application. I (We) also certify that the information furnished in this application is accurate to the best of my (our) knowledge.

\_\_\_\_\_  
*Print Name of Owner/Applicant*

\_\_\_\_\_  
*Signature of Owner/Applicant*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Print Name of Owner/Applicant*

\_\_\_\_\_  
*Signature of Owner/Applicant*

\_\_\_\_\_  
Date

**APPLICATION FOR A TRAFFIC IMPACT DETERMINATION**

Please fill out the following information before presenting to VDOT:

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 Analysis is required per 24 VAC 30-155-60.
- A Traffic Impact Statement is not required. The traffic generated by the proposed zoning change does not exceed normal thresholds.

The existing entrance meets VDOT's requirements for the proposed use.

If not, explain the necessary requirements to bring the entrance into compliance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name of VDOT Resident Engineer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_