



### **SUBMITTAL CHECKLIST FOR COMPREHENSIVE PLAN AMENDMENT APPLICATIONS**

The following information shall be submitted for a Comprehensive Plan Amendment Application. Please note that it is the applicant's responsibility to ensure that the application is in compliance with all Federal, State and County regulations.

No application for a Comprehensive Plan amendment shall be certified as complete unless the following information is provided, unless the Zoning Administrator reduces the number of required copies.

- Fifteen (15) copies of the original, executed application and one (1) original executed application. Both the applicant(s) and the property owner(s) must have their signature(s) notarized on page No. 2 of the application.
- The appropriate fees have been submitted with the application. Checks should be made payable to: Treasurer, Isle of Wight County.
- Fifteen (15) copies of a statement of the reasons for seeking such amendment.
- Fifteen (15) copies of a narrative description of the property which shall include the Tax Parcel Identification Number.
- One (1) copy of the most recent deed(s) of the property or properties.
  - A site layout of the property indicating the location of the tract(s) and the requested change. Such document shall be drawn to scale and shall include the following information:
    - A vicinity map at a scale of no less than one (1) inch equals two thousand (2,000) feet
    - Title of drawing
    - Date of drawing
    - North arrow
    - Scale bar
    - Current land use designations of parcel(s) associated with the application, including tax map number(s) and owner(s)
    - Current land use designation of adjacent parcel(s), including tax map number(s) and owner(s)
    - Street names including route number and width(s) of the right-of-way(s)
    - Fifteen (15) full size copies, with one (1) reduced 11 inch X 17 inch copy shall be submitted
    - Please note that additional information on the site layout may be requested by the Zoning Administrator during the review process in order to more effectively review the application and prepare the staff reports for the Planning Commission and Board of Supervisors.
- A Community Impact Statement, which shall include the following:
  - A description of the proposed use or activity, including the type, location and nature of the land uses proposed.
  - Impact analysis of changes in land use on the surrounding property.
  - A public facilities report, to include an analysis of existing and proposed water and sewer facilities, impact to emergency services, schools, and recreational facilities.
  - An analysis of the existing road network and required roadway improvements.

- All real estate taxes must be paid and current at the time of submittal; otherwise, the submittal will be refused at the counter. Proof of the most recent tax payment to the County must accompany the application.

I, the undersigned, certify that this application is complete, accurate and contains all required and requested information, documents and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete and correct information available. I understand that any section not completed in its entirety may delay processing of this application and the date of the Planning Commission public hearing and that the submittal of a complete application does not guarantee the application will be placed on the next available Planning Commission agenda.

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Printed or Typed Name

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Signature

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Date



**APPLICATION FOR COMPREHENSIVE PLAN AMENDMENT**

This application should be used to petition for a change to the Comprehensive Plan Development Service District boundary or for an amendment to the Land Use District designation.

**A. APPLICATION FOR (CHECK ALL THAT APPLY):**

Amendment to the Development Service District Boundary

Newport  Windsor  Camptown

Amendment to the Land Use District Designation

Newport  Windsor  Camptown

Request to change the subject property from the \_\_\_\_\_ to the \_\_\_\_\_ land use district.

Proposed Use or Activity: \_\_\_\_\_

**B. PROJECT DESCRIPTION:**

Project Name: \_\_\_\_\_

Property Address (if any): \_\_\_\_\_

Total Acreage of Parent Tract: \_\_\_\_\_ Total number of acres to be effected: \_\_\_\_\_

1. Tax Parcel Identification # \_\_\_\_\_ Number of acres to be effected: \_\_\_\_\_

Requesting Land Use District Change from: \_\_\_\_\_ to \_\_\_\_\_

2. Tax Parcel Identification # \_\_\_\_\_ Number of acres to be effected: \_\_\_\_\_

Requesting Land Use District Change from: \_\_\_\_\_ to \_\_\_\_\_

3. Tax Parcel Identification # \_\_\_\_\_ Number of acres to be effected: \_\_\_\_\_

Requesting Land Use District Change from: \_\_\_\_\_ to \_\_\_\_\_

Proposed Utilities (check all that apply): Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

**C. APPLICATION INFORMATION:**

Applicant(s) Name(s): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Property Owner(s) Name(s): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Applicants/Owners Affidavit (including compliance with all deed restrictions and covenants)**

**This application must be signed by the owner(s) of the subject property or must have attached written evidence of the owner's consent, which may be in the form of a binding contract of sale with the owner's signature or a letter signed by the owner(s), containing written authorization to act with full authority on the owner(s) behalf in filing this Comprehensive Plan amendment application. Signing this application shall certify the owner's compliance with all deed restrictions and covenants, and shall constitute the granting of authority of the County to enter onto the property for the purpose of conducting site analyses and compliance with Federal, State and County regulations.**

Applicant: \_\_\_\_\_  
Printed or Typed Name

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

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me \_\_\_\_\_,  
A Notary Public in and for the County of Isle of Wight,  
Commonwealth of Virginia, this \_\_\_ day of \_\_\_\_\_, 20\_\_

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

My Commission Expires \_\_\_\_\_

Owner: \_\_\_\_\_  
Printed or Typed Name

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

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me \_\_\_\_\_,  
A Notary Public in and for the County of Isle of Wight,  
Commonwealth of Virginia, this \_\_\_ day of \_\_\_\_\_, 20\_\_

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

My Commission Expires \_\_\_\_\_

Owner: \_\_\_\_\_  
Printed or Typed Name

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

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me \_\_\_\_\_,  
A Notary Public in and for the County of Isle of Wight,  
Commonwealth of Virginia, this \_\_\_ day of \_\_\_\_\_, 20\_\_

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

My Commission Expires \_\_\_\_\_

Owner: \_\_\_\_\_  
Printed or Typed Name

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

County of Isle of Wight, Commonwealth of Virginia

Subscribed and sworn to before me \_\_\_\_\_,  
A Notary Public in and for the County of Isle of Wight,  
Commonwealth of Virginia, this \_\_\_ day of \_\_\_\_\_, 20\_\_

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

My Commission Expires \_\_\_\_\_

**NOTICE: THE ATTACHED CHECKLIST MUST BE COMPLETED, CERTIFIED, AND SUBMITTED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE.**

Remit Application to: Isle of Wight County Central Permitting, 17140 Monument Circle, Suite 100  
P. O. Box 80, Isle of Wight, Virginia 23397

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**FOR OFFICE USE ONLY:**

Complete Application Received On: \_\_\_\_\_ Fees Paid: \_\_\_\_\_  
Tax Query: [ ] Current [ ] Delinquent Distribution Date: \_\_\_\_\_  
Posted/Date to Post: \_\_\_\_\_

**AGENCIES REFERRALS:**

_____ Department of Conservation & Recreation	_____ Inspections
_____ Economic Development	_____ Sheriff's Office
_____ Emergency Services	_____ Town of Smithfield
_____ General Services	_____ Town of Windsor
_____ Environmental Planner	_____ VDOT
_____ Health Department	_____ Schools
_____ Transportation Manager	_____ Budget & Finance
_____ Commission of Revenue	_____ County Attorney
_____ Other _____	

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY OF ISLE OF WIGHT
DISCLOSURE OF REAL ESTATE HOLDINGS

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Street

City State Zip

REAL ESTATE HOLDINGS TO BE AFFECTED

Table with 2 columns: Location or Address, Description. Contains 4 empty rows.

OTHER OWNERS OF AFFECTED REAL ESTATE

(Not Required for Corporation whose stock is traded on a national or local stock exchange or having more than 500 shareholders.)

Table with 2 columns: Name of Individuals Corporation/Partnership Business Association, Address. Contains 4 empty rows.

Does any member of the Isle of Wight County Planning Commission or governing body have any interest in such property, either individually, by ownership of stock in a corporation owning such land, partnership, as the beneficiary of a trust, or the settlor of a revocable trust, or whether a member of the immediate household of any member of the Planning Commission or governing body has any such interest? Yes No

If yes, names of members:

\_\_\_\_\_

I do solemnly swear that the foregoing statement(s) and attachments(s), if any, are complete, correct and true.

Applicant: \_\_\_\_\_ Applicant: \_\_\_\_\_ Date: \_\_\_\_\_
Printed or Typed Name Signature

Commonwealth of Virginia
County of Isle of Wight

Subscribed and sworn to before me \_\_\_\_\_,
A Notary Public in and for the County of Isle of Wight, Commonwealth
of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires \_\_\_\_\_