



SUBMITTAL CHECKLIST FOR EXCEPTION APPLICATIONS

In accordance with Section 5002, *Exceptions*, of the Chesapeake Bay Preservation Area Ordinance, and in accordance with Section 6-1015, *Exceptions*, Section 6-2011, *Exceptions*, and Section 9-1013, *Exceptions*, of the Isle of Wight County Zoning Ordinance, the following information shall be submitted for an exception 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 an exception shall be certified as complete unless the following information and minimum number of copies are provided, unless the number of required copies is reduced by the Zoning Administrator:

- 1. Ten (10) 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 2 of the application.
- 2. The appropriate fees have been submitted with the application. Checks should be made payable to: Treasurer, Isle of Wight County.
- 3. Ten (10) copies of a statement of the reasons for seeking such exception.
- 4. Ten (10) copies of a narrative description of the property which shall include the Tax Parcel Identification Number.
- 5. One (1) copy of the most recent deed(s) for the property(s) associated with the application.
- 6. A concept plan of the site to show all existing and proposed physical improvements and such other information as is necessary to clearly indicate to the reviewing body that adequate provisions have been made for compliance with all standards for that particular use, the extent of the property to be so used on a given parcel or parcels, and information defining the requested exceptions. The plan shall be prepared by the appropriate authorized design professional licensed to practice in Virginia. No person shall prepare or certify design elements of site plans which are outside the limits of their professional expertise and license. 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
 - Existing wood line
 - North arrow
 - Scale bar
 - Current zoning of parcel(s), including tax map number(s) and owner(s)
 - Current zoning 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)
 - Ten (10) 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 appropriate reviewing body.

- 7. For CBPA Exception applications, a major or minor water quality impact assessment as required by the application type which meets the criteria in Section 4003 of the Chesapeake Bay Preservation Area Ordinance must be submitted at the time of application.
- 8. Such other information as may be necessary to demonstrate compliance with all other applicable federal, state and County standards and regulations.
- 9. 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.

Printed or Typed Name

Signature

Date

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 exception 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

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: _____

