



ZONING ADMINISTRATIVE MODIFICATION APPLICATION

County of New Kent, Virginia
Planning Division

Web site: www.co.new-kent.va.us/planning

New Kent County ♦ Community Development Department-Planning ♦ P O Box 50 ♦ New Kent, VA 23124 ♦ Phone 804-966-9690 ♦ Fax 804-966-8531

Use P.O. Box for all mail. Street address: 12007 Courthouse Circle, New Kent, VA 23124 FOR DELIVERIES ONLY

DESCRIPTION OF PROPERTY

Tax Map Parcel Number(s): _____
GPIN: _____
Property Street Address: _____
Current Zoning: _____ Current Use: _____
Total Acreage: _____
Acreage subject to request: _____

OFFICE USE ONLY *DO NOT WRITE IN THIS BOX*

Application No: ZAM- _____ - _____
Date Received: _____
Modification: \$ 450.00
Fee Paid: \$ _____
Staff Initials: _____

APPLICANT'S INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: Work: _____ Home: _____
Cellular/Pager: _____ Fax: _____
E-mail Address: _____

PROPERTY OWNER'S INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: Work: _____ Home: _____
Cellular/Pager: _____ Fax: _____
E-mail Address: _____

WATER/SEWER SUPPLY

- Public Water Public Sewer Well Septic
 Other: _____

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SIGNATURES FOLLOW

I/We as the property owner/applicant/agent give permission for County personnel to enter subject properties in relation to the administration of this application and to any applicable New Kent County, State of Virginia or U.S. Federal Government regulations. Additionally, if the County Planning Department deems it necessary for an outside agency or organization to review any technical part of this application, I/we agree to reimburse the County for all costs associated with such outside reviews and consultation within 15 business days of being billed by the County.

Property Owner Signature: _____ Date: _____
 Property Owner Signature: _____ Date: _____
 Property Owner Signature: _____ Date: _____
 Applicant/Agent Signature: _____ Date: _____

All property owners must sign the application

FEES

The fee for this application is \$450.00. Make checks payable to *Treasurer of New Kent County*. **Fees must be submitted at time of application.**

A complete listing of adjacent property owners including name, mailing address and tax parcel numbers must accompany all modification requests.

TYPE OF MODIFICATION (CHECK THE APPROPRIATE BOX(S))

<input type="checkbox"/> Setback	<input type="checkbox"/> Exceptional Shape or Size of Property
<input type="checkbox"/> Height/Bulk	<input type="checkbox"/> Development of Adjacent Land
<input type="checkbox"/> Exceptional Topography	<input type="checkbox"/> Other Extraordinary Situation – Specify:

MODIFICATION REQUESTED

Please cite the appropriate section(s) of the zoning ordinance from which relief is requested:

Statement of Justification:

Explain in detail on an attached piece of paper the facts in support of the modification request. Modifications cannot be granted for change in use or convenience. The facts must show that the strict application of the zoning ordinance as it impacts this particular property effectively prohibits or unreasonably restricts the utilization of the property. The facts must support a finding by the Zoning Administrator that:

- a. The strict application of the ordinance produces a hardship approaching confiscation.
- b. The hardship is not shared generally by other properties in the same zoning district and the same vicinity.
- c. The authorization of the modification will not be of substantial detriment to adjacent property and that the character of the district will not be changed by the granting of the modification.

Note: In authorizing a modification the Zoning Administration may impose such conditions regarding the location, character, and other features of the proposed structure or use as it may deem necessary in the public interest and may require a guarantee or bond to ensure that the conditions imposed are being and will continue to be complied with.

MODIFICATION APPROVAL OR DENIAL

Approved Denied

 Zoning Administrator's Signature

 Date