



APPEAL OF ZONING ADMINISTRATOR'S DECISION

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: _____ -
Date Received: _____
Appeal: **\$ 600.00**
Fee Paid: \$ _____
Staff Initials: _____

APPLICANT'S INFORMATION (IF DIFFERENT FROM PROPERTY OWNER)

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

ERRONEOUS FINDINGS OF THE ZONING ADMINISTRATOR

Please provide the facts relied upon by the Zoning Administrator when issuing the Notice of Violation that are incorrect and/or the reasons that the Zoning Ordinance was not interpreted or applied properly: Note: Hardship or detrimental reliance are not grounds for granting an exception to the Zoning Ordinance. The Zoning Ordinance does not permit special exceptions. Applicant must reference date of and attach the Notice of Violation that is being appealed.

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 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 an Appeal of the Zoning Administrators Decision is \$600.00. Make checks payable to *Treasurer of New Kent County*. Fees must be submitted at time of application. There is no fee for a schematic drawing.

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