

New Kent

COUNTY • VIRGINIA



ZONING ADMINISTRATIVE MODIFICATION APPLICATION

County of New Kent, Virginia

Planning Department

Revised 10/30/2020

Web Site: www.co.new-kent.va.us/209/Planning

New Kent County ♦ Planning Department ♦ P. O. Box 150 ♦ 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: _____

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 completed Adjacent Property Owner List Form found on the website listed above must be completed And submitted with this application.

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: <input style="width: 100px;" type="text"/>

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

_____ Date _____
 Zoning Administrator's Signature