



**COUNTY OF LOUISA
COMMUNITY DEVELOPMENT**

(540) 967-3430

Fax (540) 967-3486

www.louisacounty.com

REQUEST FOR ZONING DETERMINATION / CONFIRMATION

SUBJECT PROPERTY INFORMATION:

PROPERTY ADDRESS: _____

TAX MAP ID: _____

CURRENT PROPERTY

OWNER: _____

ARE YOU THE PROPERTY

OWNER OR OWNER'S Property Owner Property Owner's Agent (State Relationship* _____)

AGENT: Neither Owner Nor Owner's Agent (State Relationship* _____)

Attach an agent affidavit

INFORMATION REQUESTED BY:

APPLICANT NAME: _____ TELEPHONE: _____

EMAIL: _____ FAX: _____

ADDRESS: _____

INDICATE INFORMATION DESIRED TO BE INCLUDED IN THE RESPONSE:

(Select All That Apply)

- Confirm Current Zoning District including Zoning Overlay Districts
- Confirm Current Permitted Use
- Confirm Proposed Use / Allowable Uses
- Confirm Property in Conformance with Zoning Ordinance / Existence of Any Active Zoning Violations
- Confirm Existence of Any Nonconformities
- Confirm Any Rezoning and/or Proffers Affecting the Property
- Confirm Any: Approved Site Plans Variances / Special Exceptions Conditional Use Permits
- Provide Copies of: Site Plans Variances / Special Exceptions Conditional Use Permits
- Other: _____

Requests for paper or digital plan copies may result in additional fees

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REQUEST DETAIL:	
<p>Provide a detailed description of the current use, proposed use, or nonconformity claimed. Provide sufficient information to render a decision. If additional space is needed please attach a separate request letter.</p> <p><i>*Incomplete or insufficient information provided may delay the Zoning Administrator's response*</i></p>	

REQUEST ATTACHMENTS / SUPPLEMENTS:	
<ul style="list-style-type: none"> <input type="checkbox"/> Application Fee (\$100.00) <input type="checkbox"/> Completed Page 1 & 2 of this Application <input type="checkbox"/> A copy of a survey plat for the property 	<ul style="list-style-type: none"> <input type="checkbox"/> Any other information (including photographs, plats, and plans) that are relevant to this request <input type="checkbox"/> If a specific format or language is requested, please attach

Pursuant to §15.2-2204(H) of the Code of Virginia, a property owner must be notified of a request for a written order, requirement, decision, or determination by the Zoning Administrator when a person other than the landowner or the landowner's agent requests the decision. Such notification will be provided by the Zoning Administrator to the property owner within 10 days of the receipt of the following request.

Please be advised, the Zoning Administrator has no authority to issue a determination or other decision that is inconsistent with the provisions of Chapter 86. Land Development Regulations of the Louisa County Code, or to waive any requirements of the Ordinance unless such authority is expressly granted therein. Additionally, any determination or decision requested above reflects the provisions of the Regulations as of the date of the letter. Before an applicant proceeds on a proposed project or begins to use property for a particular use, it is the applicant's responsibility to verify that Chapter 86. Land Development Regulations has not been subsequently amended so as to affect the determination set forth in the zoning determination/compliance letter.

The undersigned has read and understands the above statement:

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Received: _____	By: _____
Fee Paid: _____	Case #: _____
	Property Owner Notification Date: _____



County of Louisa, VA
Department of Community Development
REQUEST FOR ZONING DETERMINATION / CONFIRMATION

OWNER/AGENT AFFIDAVIT

I/We hereby certify that I/we, are the owner(s) of record, and authorize the below-referenced person to submit this application as my/our authorized agent.

OWNER(S) NAME: _____

TAX MAP I/D & LOCATION: _____

SIGNATURE OF OWNER(S): _____

COMPANY/AGENT NAME: _____

SIGNATURE OF AGENT: _____

RECEIVED BY: _____ DATE: _____