Rev. 11/29/05

COUNTY OF ISLE OF WIGHT
DEPARTMENT OF PLANNING AND ZONING

APPLICATION FOR EXCEPTIONS

This application should be used to petition for an exception or waiver for certain uses which, because of their unique characteristics, but which may, under the right set of circumstances and conditions be acceptable.

A. APPLICATION FOR:

[ ] Chesapeake Bay Preservation Area Ordinance Exception
The proposal is a request to Section_____.

[ ] Newport Development Service Overlay District Exception
The proposal is a request to Section _____ of the Isle of Wight County Zoning Ordinance.

[ ] Highway Corridor Overlay District Exception
The proposal is a request to Section _____ of the Isle of Wight County Zoning Ordinance.

[ ] Other _____
The proposal is a request to Section _____ of the Isle of Wight County Zoning Ordinance.

Proposed Use or Activity: _____

_____

_____

B. PROJECT DESCRIPTION:

Project Name (if applicable): _____

Property Address (if any): _____

Magisterial District: _____ Election District: _____

Legal Reference: _____

Deed Book#_____ Page#_____

Tax Parcel Identification # _____ Zoning District: _____

Total Acreage of Parent Tract: _____ Total Number of Acres to be effected: _____

Comp. Plan Designation: _____

Proposed Utilities: [ ] Public System: (Water_____ Sewer_____)

[ ] Private System: (Septic_____ Well_____)

C. APPLICATION INFORMATION:

Applicant(s) Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Owner(s) Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

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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), authorizing the applicants to act as his or her agent. 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:_____ Date:_____

State of Virginia
County of Isle of Wight

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight, State
Of Virginia, this _____ day of _____, 200_____.

_____
Notary Public

My Commission Expires_____

Owner:_____Date:_____

State of Virginia
County of Isle of Wight

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight, State
Of Virginia, this _____ day of _____, 200____.

_____
Notary Public

My Commission Expires_____

Owner:_____ Date:_____

State of Virginia
County of Isle of Wight

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight, State
Of Virginia, this _____ day of _____, 200_____.

_____
Notary Public

My Commission Expires_____

Owner:_____Date:_____

State of Virginia
County of Isle of Wight

Subscribed and sworn to before me _____,
A Notary Public in and for the County of Isle of Wight, State
Of Virginia, this _____ day of _____, 200____.

_____
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 Department of Planning and Zoning, P. O. Box 80, Isle of Wight, Virginia 23397

FOR OFFICE USE ONLY:

Submission Date: _____ Fees Paid: _____
Tax Query: [ ] Current [ ] Delinquent Poster/Date to Post: _____

AGENCIES REFERRALS:

_____VDOT
_____Health
_____Utilities
_____Economic Development
_____Environmental Planner
_____Army Corps
_____Emergency Mgmt.
_____Town of Smithfield
_____Town of Windsor
_____Others_____
_____

Verified By: _____ Date: _____

COUNTY OF ISLE OF WIGHT

DISCLOSURE OF REAL ESTATE HOLDINGS

Owner/Applicant_____

Address_____
Street

_____
City State Zip

REAL ESTATE HOLDINGS TO BE AFFECTED

Location or Address	Description

OTHER OWNERS OF AFFECTED REAL ESTATE

(Not Required for Corporation whose stock is traded on a national or local stock exchange or having more than 500 shareholders.)

Name of Individual(s) Corporation/Partnership Business Association	Address

Does any member of the Isle of Wight County Planning Commission or governing body have any interest in such property, either individually, by ownership of stock in a corporation owning such land, partnership, as the beneficiary of a trust, or the settlor of a revocable trust, or whether a member of the immediate household of any member of the Planning Commission or governing body has any such interest? Yes No

If yes, names of members:_____

_____

I do solemnly swear that the foregoing statement(s) and attachments(s), if any, are complete, correct and true.

Date_____ Signature_____

State of Virginia,

County of Isle of Wight:

Subscribed and sworn to before me _____, a Notary Public in and for the County of Isle of Wight, State of Virginia, this _____ day of _____, 200_____.

_____
Notary Public

My Commission Expires_____