

RZS

****This permit shall be posted in a conspicuous place****

PREVIOUS EDITIONS OF THE
FORM ARE OBSOLETE

FORM REVISED:
28 April 2008



Town of Bowling Green Single Use Rezoning Application

Application and petition are hereby made to the Town Council, Town of Bowling Green, to amend the Zoning Map of the Town of Bowling Green and issue a Certificate of Zoning Compliance, in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all local and state laws and ordinances, which are hereby agreed to by the undersigned, and which shall be deemed a condition entering into the exercise of this application.

Owner

Name

Daytime Telephone Number

Mailing Address

Property Information

Tax Map/Parcel Number

Existing Use/Zoning

Address/Location (use street names)

Existing Structures (number and type)

Rezoning of Property Requested

From Zoning Designation _____ To Zoning Designation _____

Water and Sewer

What is your water supply source?

What is your sewage disposal source?

Municipal

Private Well

Municipal

Septic Tank

As part of the submission, the following questions must be answered with a detailed response in narrative form. Answers of “Yes” or “No” are NOT ACCEPTABLE and the application is not complete until this narrative is submitted.

1. Describe in detail, why the current zoning designation of the property is inappropriate.
2. Describe in detail, the proposed use(s) of the property.
3. Describe in detail, why the proposed rezoning is necessary.
4. Describe in detail, why the proposed rezoning will not be detrimental to surrounding properties. Please relate your response to the existing zoning of the area, existing land uses in the Town Code, adjacent neighborhoods, and the Town of Bowling Green Comprehensive Plan.
5. Describe the proposed water and wastewater utility infrastructure including sources, discharges, permits, construction, ownership, and maintenance responsibilities.
6. Describe the environmental impact of the proposed use or development and the efforts to be undertaken to abate air, water, noise, storm water, and other environmental impacts during and after construction or after establishing the use.
7. Describe what techniques will be used to control traffic flow and what impacts the proposed use will have on existing roadways and provide a professionally prepared traffic impact analysis for any development expected to generate 250 vehicle trips per day or more.
8. Describe the impact of the proposed use on Caroline County’s Schools.
9. Describe the impact of the proposed use on Town of Bowling Green public services (i.e., water service, wastewater disposal, solid waste disposal, and police protection).
10. Describe the impact the proposed use(s) will have on any historic sites or structures on the property or in the vicinity.
11. Describe the impact the proposed use(s) will have on any rare, endangered, or irreplaceable species or natural areas.
12. Describe the impact the proposed use(s) will have on the scenic or natural beauty of the Town of Bowling Green.

NOTE: The applicant is encouraged to consult with the Caroline County Building Official if the requested rezoning includes property containing an existing structure.

Complete and accurate information is required by the Town Staff, Planning Commission, and/or the Town Council in order for the application to be fully and appropriately reviewed. The Town Manager/Zoning Administrator may, at any time during the application acceptance process, find essential information is lacking, deem the application as incomplete, and defer further review or action until such time the required and/or requested information is provided.

A copy of a Vicinity Map is attached.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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CERTIFICATE OF ZONING COMPLIANCE

The building, its proposed use, or the use of the land, as described in the above application and permit complies with the provisions of Chapter 126 (Zoning) of the Code of the Town of Bowling Green and any applicable conditions.

Zoning Administrator Signature

Date

Certification by Owner/Applicant

I certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state, county, and town laws, ordinances, and regulations with regard to zoning, health and building. Failure to do so will automatically render this permit invalid. I understand that two copies of a plot plan (or a plan for signs) must be submitted with this application, that construction requires a building permit Issued by the Caroline County Building Official, that a separate application must be made for water & sewer connections, and that all contractors must register with the Town prior to commencing work. I agree to repair any damages to sidewalks, streets, and utilities caused during this construction. I agree to pay an inspection deposit and notify the Zoning Administrator within ten (10) days of completion of the work for an inspection and issuance of Certificate of Zoning Compliance. Failure to do so may result in the forfeiture of the inspection deposit which in no way relieves me of any obligation to comply with all Town requirements. Land may be used or occupied, and buildings structurally altered or erected may be used or changed in use, only after the Certificate of Zoning Compliance is issued.

Date

Owner/Applicant Signature

** FOR TOWN USE ONLY **

Recommendation of Planning Commission

Date Received _____

Recommend Approval

Recommend Disapproval

Date _____

Action by Town Council

Date Received _____

Approved

Disapproved

Date _____

Recommendation of Director of Public Works

Date Received _____

Recommend Approval

Recommend Disapproval

Date _____

Zoning Administrator

Recommend Approval

Recommend Disapproval

Recommend Approval with Conditions (See Attached)

Fee Paid \$ _____

Zoning Administrator Signature

Date

REMINDER!!

Approval of this application does not mean work can begin. Permits must be obtained from the Caroline County Building Official and possibly (depending on the scope of the work) Virginia Department of Transportation (VDOT) and the Health Department or Department of Environmental Quality (DEQ). It is the responsibility of the owner/applicant to check with these agencies to ensure all permits are obtained before beginning work.

ADJACENT PROPERTY OWNERS

The following are all of the individuals, firms, or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the property for which a Single Use Rezoning is requested. **All adjacent property owner information is required to be accurate and complete before the application can be accepted.**

NAME

STREET ADDRESS

1) _____
Mailing Address: _____

2) _____
Mailing Address: _____

3) _____
Mailing Address: _____

4) _____
Mailing Address: _____

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14) _____
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15) _____
Mailing Address: _____