

REQUEST FOR ZONING DETERMINATION / CONFIRMATION

SUBJECT PROPERTY INFORMATION:

PROPERTY ADDRESS:	_____		
TAX MAP ID:	_____		
CURRENT PROPERTY OWNER:	_____		
ARE YOU THE PROPERTY OWNER OR OWNER'S AGENT?	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Property Owner's Agent	<input type="checkbox"/> Neither Owner Nor Owner's Agent

INFORMATION REQUESTED BY:

APPLICANT NAME: _____	TELEPHONE: _____
EMAIL: _____	FAX: _____
ADDRESS: _____	

TYPE OF REQUEST:

Which Type of Response is Requested:	Indicate Information Desired to be Included in Response: (Select all that apply)
<input type="checkbox"/> ZONING DETERMINATION (\$100.00)	<input type="checkbox"/> Confirm Current Zoning District including Zoning Overlay Districts <input type="checkbox"/> Confirm Current Permitted Use <input type="checkbox"/> Confirm Proposed Use / Allowable Uses <input type="checkbox"/> Confirm Property In Conformance with Zoning Ordinance / Existence of Any Active Zoning Violations <input type="checkbox"/> Confirm Existence of Any Nonconformities
<input type="checkbox"/> ZONING CONFIRMATION (\$500.00)	<input type="checkbox"/> Confirm Current Zoning District including Zoning Overlay Districts <input type="checkbox"/> Confirm Current Permitted Use <input type="checkbox"/> Confirm Proposed Use / Allowable Uses <input type="checkbox"/> Confirm Property In Conformance with Zoning Ordinance / Existence of Any Active Zoning Violations <input type="checkbox"/> Confirm Existence of Any Nonconformities <input type="checkbox"/> Confirm Any Rezoning and/or Proffers Affecting the Property <input type="checkbox"/> Confirm Any: <input type="checkbox"/> Approved Site Plans <input type="checkbox"/> Variances / Special Exceptions <input type="checkbox"/> Conditional Use Permits <input type="checkbox"/> Provide Copies of: <input type="checkbox"/> Site Plans <input type="checkbox"/> Variances / Special Exceptions <input type="checkbox"/> Conditional Use Permits <input type="checkbox"/> Other: _____ _____ _____

REQUEST DETAIL:

Provide a detailed description of the current use, proposed use, or nonconformity claimed. Please provide sufficient information to render a decision. If additional space is needed please attach a separate request letter.

(Incomplete or insufficient information provided may delay the Zoning Administrator's response)

Request Attachments / Supplements:

- Application Fee (See Above)
- Completed Page 1 & 2 of this Application
- A copy of a survey plat for the property
- Any other information (including photographs, plats, and plans) that are relevant to this request
- 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 the Winchester Zoning Ordinance, or to waive any requirements of the Zoning Ordinance unless such authority is expressly granted therein. Additionally, any determination or decision requested above reflects the provisions of the Zoning Ordinance 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 the Zoning Ordinance 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:

Case #:

Fee Paid:

Property Owner Notification Date: