

APPLICATION FOR A SPECIAL EXCEPTION

Request for a waiver, modification, variation or substitution permitted by Chapter 18

Variation to a previously approved Planned Development rezoning application plan or Code of Development

OR

Relief from a condition of approval

Provide the following

- 1 copy of a written request specifying the section or sections being requested to be waived, modified, varied or substituted, and any other exhibit documents stating the reasons for the request and addressing the applicable findings of the section authorized to be waived, modified, varied or substituted.

Provide the following

- 1 copy of the existing approved plan illustrating the area where the change is requested or the applicable section(s) or the Code of Development. Provide a graphic representation of the requested change.
- 1 copy of a written request specifying the provision of the plan, code or standard for which the variation is sought, and state the reason for the requested variation.

FEE = 523.12

Application \$503 + Technology surcharge \$20.12

Project Name : KINDRICK FARM

Current Assigned Application Number (HS, HO, CLE, SDP, SP or ZMA) \_\_\_\_\_

Tax map and parcel(s): 03200-00-00-00100 & 03200-00-00-00200

Applicant / Contact Person Tim Kindrick

Address 4394 Carriage Hill Dr City Earlysville State VA Zip 22936

Daytime Phone# (434) 409-6224 Fax# ( ) N/A Email timothy-kindrick@hotmail.com

Owner of Record Allan & ADA Kindrick Joint Trust c/o Timothy Kindrick

Address 4394 Carriage Hill Dr City Earlysville State VA Zip 22936

Daytime Phone# (434) 409-6224 Fax# ( ) N/A Email timothy-kindrick@hotmail.com

County of Albemarle  
Community Development Department  
401 McIntire Road Charlottesville, VA 22902 Voice: (434) 296-5832 Fax: (434) 972-4126

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APPLICATION SIGNATURE PAGE

If the person signing the application is someone other than the owner of record, then a signed copy of the "CERTIFICATION THAT NOTICE OF THE APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER" form must be provided in addition to the signing the application below. (page 3)

Owner/Applicant Must Read and Sign

By signing this application, I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner of the subject parcel(s) listed in County Records. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge. By signing this application, I am consenting to written comments, letters and or notifications regarding this application being provided to me or my designated contact via fax and or email. This consent does not preclude such written communication from also being sent via first class mail.

[Handwritten Signature]

Signature of Owner / Agent / Contract Purchaser

11/10/2022

Date

Timothy Kinouch

Print Name

434-409-6224

Daytime phone number of Signatory

FOR OFFICE USE ONLY APPLICATION# \_\_\_\_\_ Fee Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_
By who? \_\_\_\_\_ Receipt # \_\_\_\_\_ Ck# \_\_\_\_\_ By \_\_\_\_\_

(434)-409-6224

21 Oct 2022

Memorandum For: The Albemarle County Board of Supervisors

Subject: Special Exception to Fill Activity for TMP 03200-00-00-00100 and TMP 03200-00-00-00100

I am writing this letter to go on record as agreeing to the following stipulations regarding the approval of the Special Exception to allow fill activity on the above-mentioned parcels to improve their overall agricultural productivity.

1. I agree to run 10 trucks or less per day. Not trips but trucks.
2. I agree to limit my hours of operations from 7:30 am to 6 pm with no operations to occur on Sunday.
3. I agree to not have more than four acres open to activity at any one time. Two acres of which will be in the reclamation process and two acres in the fill activity process.
4. I agree not to exceed the 1-year completion limitation from commencement on any two-acre parcel as outlined Sec 5.1.28 para b.5.

Thank you for your time and consideration with this matter.



Tim Kindrick