

# Application for Zoning Clearance

CLE # 2018 00050



PLEASE REVIEW ALL 3 SHEETS

## OFFICE USE ONLY

Check # CASH  
Receipt # 113145

Date: 3.1.2018  
Staff: J. Frazier

## PARCEL INFORMATION

Tax Map and Parcel: Panzer Existing Zoning \_\_\_\_\_

Parcel Owner: MONAHAN 777 LLC

Parcel Address: 777 MONAHAN MAUL RD City CHARLOTTE State 22903 VA Zip 22903  
(include suite or floor)

## PRIMARY CONTACT

Who should we call/write concerning this project? William Vlasis

Address: PO Box 407 City BUY State VA Zip 22945

Office Phone: (978) 977 3799 Cell # 531 0806 Fax # 977 9664 E-mail WILLIAM@BUYCOMB.COM

## APPLICANT INFORMATION

Check any that apply: ☐ Change of ownership ☐ Change of use ☐ Change of name ☒ New business

Business Name/Type: Groundcovers & plants = TRIPLE SEVEN GROUNDCOVERS

Previous Business on this site Hickory Hill Country Store

Describe the proposed business including use, number of employees, number of shifts, available parking spaces, number of vehicles, and any additional information that you can provide: GROWING PLANTS, SELLING MULCH,

PLANTS, ROCK ETC. AGRICULTURAL GOODS. 4 EMPLOYEES 6 VEHICLES + 1

\*This Clearance will only be valid on the parcel for which it is approved. If you change, intensify or move the use to a new location, a new Zoning Clearance will be required.

I hereby certify that I own or have the owner's permission to use the space indicated on this application. I also certify that the information provided is true and accurate to the best of my knowledge. I have read the conditions of approval, and I understand them, and that I will abide by them.

Signature [Signature] Printed WM. VLASIS

## APPROVAL INFORMATION

- ☐ Approved as proposed ☐ Approved with conditions ☐ Denied  
☐ Backflow prevention device and/or current test data needed for this site. Contact ACSA, 977-4511, x117.  
☐ No physical site inspection has been done for this clearance. Therefore, it is not a determination of compliance with the existing site plan.  
☐ This site complies with the site plan as of this date.

Notes: \_\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_\_

Zoning Official \_\_\_\_\_ Date \_\_\_\_\_

Other Official \_\_\_\_\_ Date \_\_\_\_\_

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

<b>Intake to complete the following:</b>	<b>Reviewer to complete the following:</b>
<p>Y / <u>N</u> Is use in LI, HI or PDIP zoning? If so, give applicant a Certified Engineer's Report (CER) packet.</p> <p>Y / <u>N</u> Will there be food preparation? If so, give applicant a Health Department form. Zoning review can not begin until we receive approval from Health Dept. <b>FAX DATE</b> _____</p> <p>Circle the one that applies Is parcel on <u>private well</u> or public water? If private well, provide Health Department form. Zoning review can not begin until we receive approval from Health Dept. <b>FAX DATE</b> _____</p> <p>Circle the one that applies Is parcel on <u>septic</u> or public sewer?</p> <p><u>Y</u> / N Will you be putting up a new sign of any kind? If so, obtain proper Sign permit. <b>Permit #</b> _____</p> <p><u>Y</u> / N Will there be any new construction or renovations? If so, obtain the proper Permit. <b>Permit #</b> _____</p>	<p>Square footage of Use: _____</p> <p>Y / N Permitted as: _____</p> <p>Under Section: _____</p> <p>Supplementary regulations section: _____</p> <p>Parking formula: _____</p> <p>Required spaces: _____</p> <p>Y / N Items to be verified in the field: _____ _____ _____</p> <p><b>Inspector :</b> _____ <b>Date:</b> _____</p> <p><b>Notes:</b> _____ _____ _____ _____</p>

**Zoning to complete the following:**

<p><b>Violations:</b> Y / N If so, List: _____ _____ _____ _____</p>	<p><b>Proffers:</b> Y / N If so, List: _____ _____ _____ _____</p>
<p><b>Variance:</b> Y / N If so, List: _____ _____ _____ _____</p>	<p><b>SP's:</b> Y / N If so, List: _____ _____ _____ _____</p>
<p><b>Clearances:</b> _____ _____ _____ _____</p>	<p><b>SDP's</b> _____ _____ _____ _____</p>

# COUNTY OF ALBEMARLE

## APPLICATION FOR A SPECIAL EXCEPTION

- ☒ Request for a waiver, modification, variation or substitution permitted by Chapter 18 = \$457
- ☐ Variation to a previously approved Planned Development rezoning application plan or Code of Development = \$457

OR

- ☐ Relief from a condition of approval = \$457

### Provide the following

- ☐ 3 copies 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

- ☐ 3 copies 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.

Project Name and Assigned Application Number (SDP, SP or ZMA):

HICKORY HILL STORE

Tax map and parcel(s):

TM 75 PARCEL 50

TRIPLE SEVEN GROUNDWORKS

Contact Person

WILLIAM VLASIS

Address

PO BOX 407

City

RVV

State

VA

Zip

22945

Daytime Phone#

(434)

531 0800

Fax#

(434)

977 9664

Email

William.VL@RVVCONCRETE.COM

Owner of Record

MONACAN 777 CORP

Address

SAME AS

City

State

Zip

Daytime Phone#

( )

Fax#

( )

Email

Applicant (Who is the Contact Person representing?)

SAME

County of Albemarle


Department of Community Development

401 McIntire Road Charlottesville, VA 22902 Voice: (434) 296-5832 Fax: (434) 972-4126

**COUNTY OF ALBEMARLE****APPLICATION FOR A SPECIAL EXCEPTION****Owner/Applicant Must Read and Sign**

The foregoing information is complete 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.



Signature of Owner, Contract Purchaser, Agent

SEPT

Date

WILLIAM VLASIS

Print Name

434 531 0806

Daytime phone number of Signatory

\*\*\*If multiple property owners are required to sign the application per Section 33.2 b (1b) then make copies of this page and provide a copy to each owner to sign. Then submit each original signed page for the Special Exception Application.

Tax Map & Parcel Number : 75. 50Owner Name of above Parcel: MONACAN 777 CORP - WILLIAM VLASIS