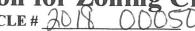
Application for Zoning Clearance





PLEASE REVIEW ALL 3 SHEETS	OFFICE USE ONLY Check # CUSH Date: 3 2018 Receipt # 1131 45 Staff: J. Frazur	
PARCEL INFORMATION Tax Map and Parcel:	Existing Zoning	
Parcel Owner: MONACAY 777 LLC	٥.	
Parcel Address: 777 MOWALAW MALL M City (include suite or floor)	CHUIE State 22903/A Zip 2290	
PRIMARY CONTACT Who should we call/write concerning this project?	ing VLASS	
Address: Po Box 407 City	PV4 State VA Zip 2294	
Office Phone: 434 917 379 Cell #531 0806 F	E-mail Willemo FUY CONNER	
APPLICANT INFORMATION		
	Change of useChange of nameNew business	
Business Name/Type: <u>Crown to venes</u> & plan	13 = Triple SELEN GROUNDEOUSUS	
Business Name/Type: Grown to vers of plans = Thiple Sectar Grown contents Previous Business on this site Hillery Hill country Sime		
Describe the proposed business including use, number of emply vehicles, and any additional information that you can provide: #This Clearance will only be valid on the parcel for which it is approved. Clearance will be required.	Colourish Olaus Carrier much	
I hereby certify that I own or have the owner's permission to use the space is true and accurate to the best of my knowledge. I have read the condition	as of approval, and I understand them, and that I will abide by them.	
Signature	Printed WM. VLAS 5	
APPROVAL INFORMATION [] Approved as proposed		
Building Official		
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

Intake to complete the following:	Reviewer to complete the following:
Y / N Is use in LI, HI or PDIP zoning? If so, give applicant a Certified Engineer's Report (CER) packet.	Square footage of Use: Y / N
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. FAX DATE	Permitted as: Under Section: Supplementary regulations section:
Circle the one that applies Is parcel on private well or public water ? If private well, provide Health Department form. Zoning review can not begin until we receive approval from Health Dept. FAX DATE	Parking formula: Required spaces:
Circle the one that applies Is parcel on septic or public sewer?	Y / N Items to be verified in the field:
Y/N Will you be putting up a new sign of any kind? If so, obtain proper Sign permit. Permit # Y/N	Inspector : Date:
Will there be any new construction or renovations? If so, obtain the proper Permit. Permit #	
oning to complete the following:	
Violations: 1 Y / N	Proffers: Y / N If so, List:
Y / N	SP's: Y / N If so, List:
Clearances:	SDP's

COUNTY OF ALBEMARLE

APPLICATION FOR A SPECIAL EXCEPTION

Request for a waiver, modification, variation or substitution permitted by Chapter 18 = OR		
\square Relief from a condition of approval = \$45	Provide the following	
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. □ 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): □ 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.		
Tax map and parcel(s): 1975 PAREL 2	Thiple seven Grandlaugh	
Contact Person WIWIAM VLASIS Address POBOX 407 City FVY State VA Zip 22945 Daytime Phone# (434) 531 080 Fax# (434) 977464 Email William DEVY Constances		
Owner of Record MONACAN 777 COM	Con	
Address SAME A Cit Daytime Phone# () Fax# (State Zip	
Applicant (Who is the Contact Person representing?)		

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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.

- The Mund	SEPT
Signature of Owner, Contract Purchaser, Agent	Date
WILLIAM VLASIS	4345310806
Print Name	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. 50

Owner Name of above Parcel: MONACAM 777 CORP - WILLIAM W. 51