

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 : Air BandB - Historic Charlottesville

Current Assigned Application Number (SDP, SP or ZMA) HS2019-015

Tax map and parcel(s): 045-11B

Applicant / Contact Person Nan Massie

Address 312 Squirrel Path City Charlottesville State VA Zip 22901

Daytime Phone# (434) 531 5547 Fax# () Email chobridge@aol.com

Owner of Record William and Nan Massie

Address 312 Squirrel Path City Charlottesville State VA Zip 22901

Daytime Phone# (434) 531-5547 Fax# () Email chobridge@aol.com

County of Albemarle
Community Development

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

COUNTY OF ALBEMARLE

APPLICATION FOR A SPECIAL EXCEPTION

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.

Nan E. Massie
Signature of Owner / Agent / Contract Purchaser

11/7/19
Date

Nan E. Massie
Print Name

434 531 5547
Daytime phone number of Signatory

Our home was built in 1980 with an apartment in the upstairs for our mother (in law). Upon her death the apartment was rented to college students working in the area while on a co-op program. Since 1998, the apartment has been occupied by renters or guest about 50% of the time until 2014. After that we decided to establish it as an Air B&B in 2016. We have adequate parking spaces for these guests. Our neighbors are aware of this and have never raised a complaint. I am requesting approval of a waiver of the requirement for distances between properties.

FOR OFFICE USE ONLY APPLICATION#

Fee Amount \$

457.00

Date Paid

11/7/19

By who?

Receipt #

5EJ18784EAS7112
642K

Ck#

CC

By

JP



Homestay

Zoning Clearance



Albemarle County
Community Development
401 McIntire Rd., North Wing
Charlottesville, VA 22902
Phone 434.296.5832 | Fax 434.972.4126

FOR OFFICE USE ONLY

HS#

2019-015

Fee Amt: \$158

Date Paid:

11/7/19

By:

N. Massie

Receipt #: 66R89464DV1058341

Ck#

CC

By:

MC

1. Applicant/Owner Information

NAME:	Nan E Massie		
E-MAIL ADDRESS:	chobridge@aol.com	PHONE:	434 531 5547
MAILING ADDRESS:	312 Squirrel Path - Cville, VA 22901		

2. Homestay Information

TAX MAP AND PARCEL NUMBER (OR ADDRESS, IF UNKNOWN):	045 - 11B 312 squirrel Path		
ZONING:	ACREAGE:	HOMESTAY NAME:	
RA	.99	Historic Charlottesville	
RESPONSIBLE AGENT NAME:	Nan Massie		SAME AS ABOVE (OWNER)
RESPONSIBLE AGENT EMAIL:	chobridge@aol.com	RESPONSIBLE AGENT PHONE:	434 531 5547
RESPONSIBLE AGENT ADDRESS:	312 Squirrel Path Cville, VA 22901		

3. Verification of Requirements

NUMBER OF GUEST BEDROOMS:	USING ACCESSORY STRUCTURES?	2 FORMS PROOF OF RESIDENCY PROVIDED?	FLOOR PLAN SKETCH PROVIDED?
2	YES NO <input checked="" type="radio"/>	<input checked="" type="radio"/> YES NO	<input checked="" type="radio"/> YES NO
PARKING REQUIRED:	TOTAL HOMESTAY USES ON PARCEL		
Dwelling Number of Guest Rooms Total Off-Street Parking	1		
2 + 2 <input checked="" type="checkbox"/> 4			

4. Applicant Signature

I hereby apply for approval to conduct the homestay identified above, and certify that this address is my legal residence. I also certify that I have read the restrictions on homestays, that I understand them, and that I will abide by them.

SIGNATURE OF OWNER/APPLICANT:	DATE:
	11/7/19
PRINT NAME:	DAYTIME PHONE NUMBER:
Nan Massie	434 531 5547

Approved []

Approved with Conditions []

Denied []

Zoning Official: _____

Date: _____

VDH Approval Date: _____ Building Official Approval Date: _____ Fire Marshal Approval Date: _____

Conditions: _____

SUBMIT THIS PAGE, YOUR SKETCH, YOUR VDH APPROVAL (IF REQUIRED), AND YOUR \$158 APPLICATION FEE TO COMMUNITY DEVELOPMENT, 401 MCINTIRE ROAD, CHARLOTTESVILLE, VA 22902