

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 : _____ 4455 Woods Edge Rd Homestay _____

Current Assigned Application Number (SDP, SP or ZMA) _____ HS202000053 _____

Tax map and parcel(s): _____ 94-21A2 _____

Applicant / Contact Person _____ Grace Zeitler _____

Address _____ 4455 Woods Edge Rd _____ **City** _____ Troy _____ **State** VA **Zip** 22974

Daytime Phone# (434) 825-9685 **Fax#** (_____) _____ **Email** gracezeitler@gmail.com

Owner of Record _____ Thomas & Grace Zeitler _____

Address _____ 4455 Woods Edge Rd _____ **City** _____ Troy _____ **State** VA **Zip** 22974

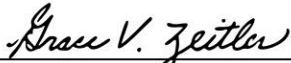
Daytime Phone# (434) 825-9685 **Fax#** (_____) _____ **Email** gracezeitler@gmail.com

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.



Signature of Owner / Agent / Contract Purchaser

05/21/2021

Date

Grace Zeitler

Print Name

(434) 825-9685

Daytime phone number of Signatory

FOR OFFICE USE ONLY APPLICATION# _____ Fee Amount \$ _____ Date Paid _____

By who? _____ Receipt # _____ Ck# _____ By _____

COUNTY OF ALBEMARLE**APPLICATION FOR A SPECIAL EXCEPTION****CERTIFICATION THAT NOTICE OF THE
APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER**

This form must accompany this zoning application if the application is not signed by the owner of the property.

I certify that notice of the application for, _____
[Name of the application type & if known the assigned application #]

was provided to _____
[Name(s) of the record owners of the parcel]

the owner of record of Tax Map and Parcel Number _____

by delivering a copy of the application in the manner identified below:

_____ Hand delivery of a copy of the application to _____
[Name of the record owner if the record owner is a person; if
the owner of record is an entity, identify the recipient of the
record and the recipient's title or office for that entity]

on _____
Date

_____ Mailing a copy of the application to _____
[Name of the record owner if the record owner is a person; if
the owner of record is an entity, identify the recipient of the
record and the recipient's title or office for that entity]

on _____ to the following address _____
Date

[A ddress; written notice mailed to the owner at the
last known address of the owner as shown on the
current real estate tax assessment books or current real
estate tax assessment records satisfies this
requirement].

Signature of Applicant

Print Applicant Name

Date

To whom this may concern:

My home at 4455 Woods Edge Road in Troy is in the process of hopefully becoming a homestay rental.

This is a request to please modify the 125 foot setback for my property line which is 93 feet from my abutting neighbor.

§18-5.1.48(2)(v) Minimum yards-The minimum front, side, and rear yard for parking and for structures used in whole or in part to serve a homestay shall be 125 feet from any abutting lot not under the same ownership as the homestay use. This can be reduced under 5.1.48(i)(1(ii).

Thank you for your time and consideration,

Grace Zeitler

Grace V. Zeitler

