

Rezoning

Date: _____

Case # and Name: _____



Department of Planning and Community Development
PO BOX 1600
Ashland, Virginia 23005

(804) 798-1073
planning@ashlandva.gov

www.ashlandva.gov

Applicant

Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____ Email: _____

Engineer/Consultant

Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____ Email: _____

Property Owner

Name: _____ Phone: _____

Address: _____ Email: _____

Property Owner Signature:

X. _____ Date: _____

If a legal representative signs for a property owner, please attach an executed power of attorney.

Proposal Information

GPIN(s): _____

Address (or location description): _____

Acreage: _____ Zoning (Current): _____ Zoning (Proposed): _____

Deed Book and Page #: _____

**Attach any existing zoning conditions or proffers*

TO BE COMPLETED BY STAFF ONLY

Fee

\$1,500 + \$50 per acre or part thereof
up to 100, then \$30 per acre.
\$1,500 if TIA required

Amount Paid: _____

Date: _____

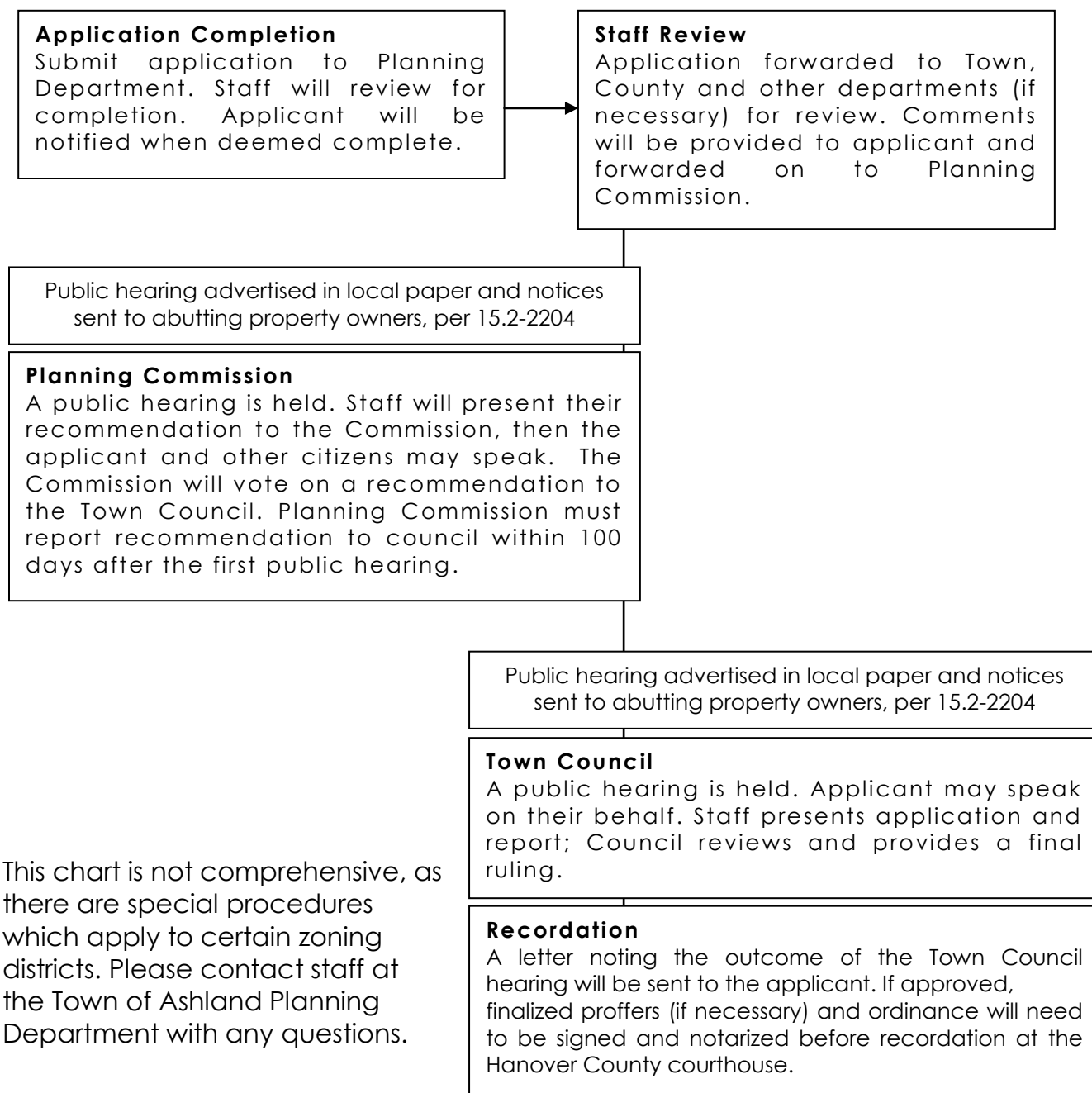
X. _____

Rezoning Process

Prior to submitting a rezoning applicaiton, the applicant is **strongly encouraged** to meet with staff for a **pre-application meeting** by calling **804-798-1073**.

Also, any proffer amendments will follow the rezoning process described below.

START



This chart is not comprehensive, as there are special procedures which apply to certain zoning districts. Please contact staff at the Town of Ashland Planning Department with any questions.

END

Proposal Description

Answer the following questions in the space provided below or attach a narrative that addresses each question specifically.

1. What is the existing or past use of the property?
2. What are the proposed uses and/or improvements?
3. Why is this location desirable? How will you mitigate any effects on surrounding properties (e.g. Traffic, Light, Sound, Noise, Visual – Landscaping, Signage, Stormwater, etc.)?
4. How is this rezoning compatible with the Comprehensive Plan?

****If not specifically required in the zoning ordinance, submitting a sketch plan or other visual details for your proposal is highly encouraged.***

Adjacent Property Information

Surrounding property owner information can be found by searching online for Hanover County GIS, and viewing parcel level ownership information.

[illegible]

Proffer Statements

Statement of proffers for rezoning must include the following at the beginning:

_____, OWNERS OF Tax Parcel/GPIN
_____ hereby voluntarily proffer for themselves, their personal
representatives, successors and assigns that, in the event that the subject property
(referred to as "the Property" is rezoned from _____ to _____, the
development and use of the Property will be subject to the following conditions:

Notary statement for proffers (must provide at end of proffer statement):

These proffers are being submitted prior to the Ashland Town Council Public Hearing on this request, scheduled to occur on _____.

Owner Signature _____

Date _____

To wit:

I, _____, a Notary Public for the State of Virginia,
do certify that _____, whose name is signed to
the above, bearing date on the _____ day of _____,
has acknowledged the same before me in my State aforesaid.

Given under my hand this _____ day of _____, _____.

_____(SEAL)

NOTARY PUBLIC

My Commission expires _____

Registration No. _____

PRE-SCOPE FORM

Information on the Project

Traffic Impact Analysis Base Assumptions

The applicant is responsible for entering the relevant information and providing the form to the town for concurrence before officially submitting a legislative application. There may be a delay in application acceptance if the traffic analysis agreed upon with the pre-scope for is not included with the application submission. It is important for the applicant to provide sufficient information to town staff so that questions regarding geographic scope, alternate methodology, or other issues can be answered promptly.

Contact Information					
Consultant Name:					
Tele:					
E-mail:					
Applicant Name:					
Tele:					
E-mail:					
Project Information					
Project Name:					
Project Location: (Include map)					
Submission Type	Rezoning ☐	Conditional Use Permit ☐			
Project Description: (Include land use, acreage, phasing, access location, etc.)					
Proposed Use(s): (select all that apply)	Residential ☐	Commercial ☐	Mixed Use ☐	Other ☐	
Residential Uses(s)		Commercial Use(s)		Other Use(s)	
Number of Units:		ITE LU Code(s):		ITE LU Code(s):	
ITE LU Code(s):					
Institutional Uses(s)		Industrial Use(s)		Square Ft or Other Variable:	
ITE LU Code(s):		ITE LU Code(s):		Independent Variable(s):	
Total Peak Hour Trip Projection:	Less than 100 ☐	100 – 499 ☐		500 – 999 ☐	1,000 or more ☐

Traffic Impact Analysis Assumptions			
Study Period	Existing Year:	Build-out Year:	Design Year:
Study Area Boundaries (Attach map)	North:	South:	
	East:	West:	
External Factors That Could Affect Project (Planned road improvements, other nearby developments)			
Consistency with Comprehensive Plan			
Available Traffic Data (Historical, forecasts)			
Trip Distribution (Attach sketch)	Road Name:	Road Name:	
	Road Name:	Road Name:	
Annual Vehicle Trip Growth Rate:		Peak Period for Study (select all that apply)	AM ☐ PM ☐ SAT ☐
		Peak Hour of the Generator	
Study Intersections and/or Road Segments (Attach additional sheets as necessary)	1.	6.	
	2.	7.	
	3.	8.	
	4.	9.	
	5.	10.	
Trip Adjustment Factors	Internal allowance: Yes ☐ No ☐ Reduction: _____% trips		Pass-by allowance: Yes ☐ No ☐ Reduction: _____% trips
Software Methodology	☐ Synchro ☐ HCS (v.2000/+) ☐ aaSIDRA ☐ CORSIM ☐ Other _____		

Traffic Signal Proposed or Affected (Analysis software to be used, progression speed, cycle length)	
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Improvement(s) Assumed or to be Considered	
Background Traffic Studies Considered	
Plan Submission (mark type)	☐ Master Development Plan (MDP) ☐ Generalized Development Plan (GDP) ☐ Preliminary/Sketch Plan ☐ Other Plan type (Final Site, Subd. Plan)
Additional Issues to be Addressed	☐ Queuing analysis ☐ Actuation/Coordination ☐ Weaving analysis ☐ Merge analysis ☐ Bike/Ped Accommodations ☐ Intersection(s) ☐ TDM Measures ☐ Other _____

NOTES on ASSUMPTIONS:

Applicant or Consultant:

Print Name	Signature	Date

Planning & Community Development:

Print Name	Signature	Date

Public Works:

Print Name	Signature	Date

804-798-9219 121 THOMPSON ST. P.O. BOX 1600 ASHLAND, VA 23005

Intake Checklist for Zoning Map Amendment

Information/Documentation Required	Submitted (Y/N/NA)
Application materials are sent electronically to the Town and all required hard copies are also submitted.	
Fee Paid	
Satisfactory evidence that any delinquent real estate taxes, nuisance charges, stormwater management utility fees, and any other charges that constitute a lien on the subject property, that are owed to the locality and have been properly assessed against the subject property, have been paid.	
A notarized affidavit, signed by the applicant and containing the following: a. A listing of the names and addresses of all applicants, title owners, contract purchasers, and lessees of the land described in the application, and, if any of such persons is a trustee, each beneficiary having an interest in such land. b. If any of the applicants, title owners, contract purchasers, or beneficiaries is a corporation, then the application shall also contain a listing of all shareholders who own ten percent or more of any class of stock issued by the corporation and, where such corporation has ten or less shareholders, a listing of all shareholders. c. The application shall also contain a listing of all partners, both general and limited, in any partnership with an ownership interest in the property.	
For any application filed by an agent, contract purchaser or lessee of the property, a written statement signed by each title owner confirming the applicant's status as the owner's agent or contract purchaser, and indicating his endorsement of the application.	
A certified plat of the property to be zoned sealed by a professional surveyor, engineer, and/or architect shall include: a. The metes and bounds of all boundary lines of the subject property, and the bearings and distances of each zoning district crossing or adjacent the property. b. The total area of the property, presented in either square feet or acres. c. A scale and north arrow. d. The location of all existing buildings, structures, and easements of record. e. The names and route numbers of all boundary roads or streets and the width of existing rights-of-way. f. The signature and seal of the person preparing the plat. g. The location, names, zoning district, and GPIN references of adjacent property owners.	
A general narrative of planning objectives to be achieved, how the request is consistent with the Town's Comprehensive Plan, the zoning ordinance, and a description of the development's impact on adjacent and neighboring properties.	
A transportation analysis which includes an access plan, the trip generation from the proposed use, and other information available in the Town of Ashland Pre-Scoping Form. A full Traffic Impact Analysis may be required by the Administrator.	

Information/Documentation Required	Submitted (Y/N/NA)
An environmental analysis of the proposed site, including a graphic inventory and any proposed preservation of 100-year floodplain/floodway areas, slopes in excess of 25 percent, unbuildable soils, existing tree cover, topography at a maximum contour interval of 5 feet, cemeteries, watercourses, unique natural features, and all known historic sites and resources, as identified by the Virginia Department of Historic Resources and the Town of Ashland Planning Office.	
A public facilities assessment plan presenting the potential impact the proposed rezoning could have, at the maximum density of development allowed in the proposed zoning district (i.e., build-out), on the following public facilities: a. Water treatment storage and transmission facilities. b. Sewage transmission and treatment facilities. c. Streets and other public transportation systems. d. Storm sewerage and drainage, including stormwater management facilities, both on-site and off-site. e. Public schools, libraries and other educational institutions. f. Public parks and recreational facilities.	
For conditional zoning applications, a General Development Plan providing the following items, unless waived (in whole or in part) by the Administrator: a. The proposed uses including, but not limited to, ownership, hours of operation, proposed number of employees, patrons, or residents. b. A schematic land use plan, at a scale of not less than one inch to 100 feet showing: proposed uses, structures, site improvements, facilities, parking and loading access points, utilities, lot layout, setback, height, lot coverage, floor area ratios, density, open space, landscaping, buffer areas and building restriction lines. c. A mobility plan including location of existing and proposed vehicular, pedestrian, bicycle and other circulation facilities; general information on the circulation facilities, ownership and maintenance; and proposed construction standards location and general design of parking and loading facilities. d. If applicable, a phasing plan delineating the proposed phases of the development, the approximate commencement date for construction and a proposed build-out timeframe. e. Other pertinent information as requested by the Administrator.	
For conditional zoning applications, a written proffer statement signed by the owner(s) and applicant.	
A list of all adjacent property owners, including those located across the street, to include the names, Geographic Parcel Identification Numbers, and mailing addresses.	
The Administrator may request additional information applicable to the specific nature of a given structure or use, as deemed necessary to fully evaluate the request.	