

PROFFER DETERMINATION APPLICATION



OCTOBER 2018

**STAFFORD COUNTY DEPARTMENT OF PLANNING & ZONING
1300 COURTHOUSE ROAD
P.O. BOX 339
STAFFORD, VIRGINIA 22555-0339
PHONE: 540-658-8668
FAX: 540-658-6824
www.staffordcountyva.gov**

Fee: \$390.00 plus \$6.48 per adjacent property notification

Please provide a list of all adjacent property owners

** Beginning July 1, 2012, per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications or requests.*

NOTICE

Stafford County treats all applications and applicants equally. The County does not discriminate against religion, or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the laws of the United States and the Commonwealth of Virginia, no government may discriminate against any religion or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, utilities, and land use processes.

Under the Religious Land Use and Institutionalized Persons Act (“RLUIPA”), no government may apply its zoning or land use laws, or its policies and procedures in a manner that unjustifiably imposes a substantial burden on the religious exercise of a person, assembly, or institution.

RLUIPA also provides that no government may apply its zoning or land use laws in a manner that treats a religious assembly or institution on unequal terms with a non-religious institution or assembly.

Finally, RLUIPA provides that no government may impose or implement a land use regulation in a manner that discriminates against a religious assembly or institution.

Stafford County does not discriminate in its planning, permitting, utilities, and land use processes, practices, and policies. Stafford County treats all applications and applicants equally.

STAFFORD COUNTY
Department of Planning and Zoning



PROFFER DETERMINATION APPLICATION

RECEIVED BUT NOT OFFICIALLY SUBMITTED

DATE: _____ INITIALS: _____

OFFICIALLY SUBMITTED

DATE: _____ INITIALS: _____

<u>PROFFER DETERMINATION</u> TYPE OF APPLICATION	APPLICATION NUMBER
APPLICANT INFORMATION	
NAME _____	
STREET ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE _____	CELL _____
FAX _____	EMAIL _____
OWNER INFORMATION	
NAME _____	
ADDRESS _____	CITY _____ STATE _____ ZIP _____
PHONE _____	CELL _____
FAX _____	EMAIL _____
PROPERTY INFORMATION	
TAX MAP _____	SECTION _____ PARCEL/LOTS _____ LOT SIZE _____
ORDINANCE NUMBERS _____	DATE(S) OF RECLASSIFICATION _____
FOR OFFICE USE ONLY	
APPLICATION # _____	NUMBER OF ADJACENT PROPERTIES _____
Fees Paid: Yes <input type="checkbox"/>	No <input type="checkbox"/> Amount: \$ _____

**ZONING VESTING DETERMINATION
LIST OF ABUTTING PROPERTY OWNERS**

Provide additional pages if needed

<hr/> Assessor's Map/Parcel	<hr/> Name		
<hr/> Address	<hr/> City	<hr/> State	<hr/> Zip

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