

ZONING ADMINISTRATOR'S DETERMINATION APPLICATION



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

OCTOBER 2018

** 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



ZONING ADMINISTRATOR'S
DETERMINATION APPLICATION

RECEIVED BUT NOT OFFICIALLY SUBMITTED

DATE: _____ INITIALS: _____

OFFICIALLY SUBMITTED

DATE: _____ INITIALS: _____

ZONING ADMINISTRATOR'S DETERMINATION

TYPE OF APPLICATION _____

APPLICATION NUMBER _____

APPLICANT INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

CELL _____

FAX _____

EMAIL _____

OWNER INFORMATION (If different than applicant)

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

CELL _____

FAX _____

EMAIL _____

PROPERTY INFORMATION

TAX MAP _____

SECTION _____

PARCEL/LOTS _____

LOT SIZE _____

ORDINANCE(S) # _____

DATE(S) OF RECLASSIFICATION _____

EXISTING USE _____

PROPOSED USE _____

COMPREHENSIVE PLAN DESIGNATION _____

MAGISTERIAL DISTRICT _____

FOR OFFICE USE ONLY

APPLICATION # _____

NUMBER OF ADJACENT PROPERTY OWNERS _____

Fees Paid:

Yes

No

Amount: \$ _____

**ZONING ADMINISTRATOR'S DETERMINATION
LIST OF ABUTTING PROPERTY OWNERS**

Provide additional pages if needed

Assessor's Map/Parcel	Name		
Address	City	State	Zip

Assessor's Map/Parcel	Name		
Address	City	State	Zip

Assessor's Map/Parcel	Name		
Address	City	State	Zip

Assessor's Map/Parcel	Name		
Address	City	State	Zip

Assessor's Map/Parcel	Name		
Address	City	State	Zip

Assessor's Map/Parcel	Name		
Address	City	State	Zip