



City of Petersburg
Department of Planning and Community
Development

135 N Union Street, Ste 306
Petersburg VA 23803
Telephone: 804-733-2308



APPLICATION FOR SUBSTANTIAL ACCORD DETERMINATION PURSUANT TO
VIRGINIA STATE CODE 15.2-2232

1. APPLICANT (Company or Agency): _____
2. APPLICANT'S MAILING ADDRESS: _____
3. TELEPHONE NUMBER: _____
4. REPRESENTATIVE/ AGENT NAME: _____
5. REPRESENTATIVE/AGENT'S MAILING ADDRESS: _____
6. REPRESENTATIVE'S TELEPHONE NUMBER: _____ E-MAIL: _____
7. LOCATION OF PROPERTY _____

8. ZONING DISTRICT: _____
9. COMPREHENSIVE PLAN DESIGNATION: _____
10. TAX MAP NUMBERS (S): _____
11. SIZE OF PARCEL (S) (ACREAGE): _____
12. ACREAGE PROPOSED FOR PROPOSED USE: _____
13. PROPERTY OWNER INFORMATION (IF OTHER THAN APPLICANT):
 - a. OWNER'S NAME: _____
 - b. OWNER'S MAILING ADDRESS: _____
 - c. Has the Property Owner been consulted about this proposed use? Yes _____ No _____

14. DESCRIPTION OF PROPOSED USE/REASON FOR REQUEST: _____

_____ (Attach additional sheets if necessary)

15. PRIOR ZONING APPROVALS: _____

16. SUPPORT MATERIALS AND INFORMATION (attach additional sheets):

- a. Fee of \$500 payable to "The City of Petersburg" (if public hearing is required).
- b. Proposed use drawing/site plan
- c. Comprehensive Plan policies and guidelines that directly support the proposed use.
- d. Alternative sites considered for the proposed use.
- e. Anticipated impacts and mitigation measures proposed.
- f. Photographs of any existing structures, buildings, and property, as applicable.

APPLICANT'S SIGNATURE

I, the undersigned, certify that this application is complete, accurate, and contains all required and requested information, documents, and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. The undersigned acknowledges that additional review requirements may be identified during the review of this application. The undersigned also acknowledges that all Petersburg Zoning Ordinance requirements pertaining to the proposed use must be fulfilled.

DATE

SIGNATURE OF APPLICANT

**SUBMIT ONE (1) SET OF COMPLETED APPLICATION, FEE, AND SUPPORTING MATERIALS TO
Department of Planning and Community Development
135 North Union Street
Petersburg, VA 23803**

Incomplete applications will not be processed. The applicant will be notified of any deficiencies. Any revisions to the application that require the replacement of pages or plans are the responsibility of the applicant. Any questions should be directed to the Planning Manager, Jared Crews at jcrews@petersburg-va.org