



NORTHUMBERLAND COUNTY APPLICATION FOR REZONING

Answer all questions. Refer to Appendix A for the checklist to make sure that you have all required information. Please type or print all information in black ink.

1. Owner/Applicant Information:

Owners Name: Webster, Jeffrey B., and Lin, Lily C.		Address: 1092 Hull Neck Road, Heathsville, VA 22473
Telephone (H): 4046830961	Telephone (W): 7032202296	Email: jwebster412@gmail.com

Applicants Name (If different from Owner):		Address:
Telephone (H):	Telephone (W):	Email:

Plan Preparer/Authorized Agent:		Address:
Telephone (H):	Telephone (W):	Email:

2. Property Information:

Tax Parcel # 27-1-127		Parcel Physical Address (If applicable): 1092 Hull Neck Road, Heathsville, VA 22473	
Current Zoning: <input type="checkbox"/> C-1 <input type="checkbox"/> A-1 <input checked="" type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> B-1 <input type="checkbox"/> M-1	Acreage: 18.41	Magisterial District: Fairfields	Date Property Purchased: March 15, 2021
Are there any structures on the property? <input checked="" type="checkbox"/> Yes (If yes, please describe) <input type="checkbox"/> No Main house, detached garage, three sheds		Deed & Plat Book Page # : D.B. 437, pg. 284	
Directions to Property: From Heathsville, take 360 east, left on 640. Driveway is 1.1 miles on the right.			
What is the road name or route number on which your property is located? Hull Neck Road			

Office Use Only:		Application #: _____-RZ-_____	
Date Received:	Supervisor:	Fee: \$400 = _____ TOTAL FEE	Paid Stamp:
PC RECOMMENDATION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ <input type="checkbox"/> Withdrawn		BOS ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ <input type="checkbox"/> Withdrawn	

3. Description of Request: Section 15.2-2286(A) (7) of the Code of Virginia states that, "Whenever the public necessity, convenience, general welfare, or good zoning practice require, the governing body may by ordinance, amend, supplement, or change the regulations, district boundaries, or classification of property". In order to aid in the determination of the public necessity, convenience, general welfare, or good zoning practice, please complete the following.

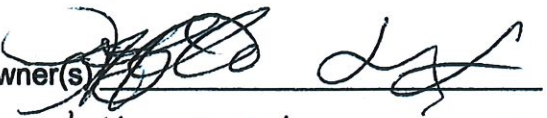
Type of Rezoning: <input checked="" type="checkbox"/> Rezoning <input type="checkbox"/> Conditional Rezoning (complete Appendix B)	Proposed Zoning: <input type="checkbox"/> C-1 <input checked="" type="checkbox"/> A-1 <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> B-1 <input type="checkbox"/> M-1
What is the current use? (Use another sheet of paper if more space is needed): Current use is residential only. Prior to this year, ca. 15 acres were leased for planting.	
Proposed Use and purpose of the rezoning. (Use another sheet of paper if more space is needed): We request rezoning to A-1 to allow use of the property for non-intensive livestock agriculture (sheep, goats, poultry, etc). We bought the property for this purpose under the misapprehension that it was zoned A-1, and have already begun development of the property to make it suitable for livestock. Our longterm goal is to operate a small sheep and goat dairy, focusing on artisinal retail/wholesale cheese, yogurt, etc. We also intend to raise a small number of for-slaughter and laying chickens, ducks, and geese.	
Please describe the need and justification for the change in zoning. (Use another sheet of paper if more space is needed.) Livestock agriculture is not allowed under R-1 zoning, thus necessitating rezoning to A-1. Rezoning to A-1 is appropriate for the size, disposition, and character of the property and it confers no economic benefit. Therefore, rezoning to A-1 would not, in this case, be a negative instance of spot zoning, nor would it conflict with the 2016 Comprehensive Plan. Please see attached for further details.	
Have you discussed this request with any State and/or Federal agencies that may require a permit? (Health Department, Virginia Department of Transportation, etc.) <input type="checkbox"/> Yes (If yes, please explain) <input checked="" type="checkbox"/> No	
Have you previously applied to or obtained a permit from Northumberland County for any portion of this request or relating to this request? <input type="checkbox"/> Yes (If yes, please explain) <input checked="" type="checkbox"/> No	
Has any portion of this request for which you are seeking a permit been completed or commenced? <input type="checkbox"/> Yes (If yes, please explain) <input checked="" type="checkbox"/> No	

4. Adjacent Property Owners: Please print clearly all adjoining property owners, mailing addresses, and tax map numbers so that county staff can notify them by certified mail of the date and time of the public hearing that your application will be heard. Properties that are across roadways, waterways, or in another county shall be notified as well. If more space is needed, copy this page and attach it to the application. Making your neighbors aware of your plans may answer many questions they may have regarding your intent to apply for a rezoning prior to the public hearing.

Tax Map #	Name	Address	Have you notified your neighbor?
27-1-126	Judith Jett	986 Hull Neck Rd., Heathsville, VA 2473	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27-1-132	C. and D. Harcum	9827 Dorval Ave., Upper Malboro, MD 20772	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27-1-131	Doris Bromley? or David Kane?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27-1-129, 130	David Kane	3073 Folly Rd., Heathsville, VA 22473	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27-1-133	Fairfields U.M.C.	P.O. Box 579, Burgess, VA 22432	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27-1-30	Julian W. Reynolds	604 Mundy Pt. Rd., Callao, VA 22435	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27-1-128	Isaac Campbell	C/o Emma Blackwell 1741 Hacks Neck Rd. Heathsville, VA 22473	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27-1-44	Verlie Hines	28 Family Way Heathsville, VA 22473	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27-1-44A	J. or T. Middleton	1009 Hull Neck Rd. Heathsville, VA 22473	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Signature Page:

This application for a change in zoning classification is submitted true and correct. Applicant agrees that when the permit herein applied for is issued, that all work will be completed as stated and as required by all Northumberland County Ordinances, Virginia State laws, and any other applicable regulations. Failure to comply with any part or terms of this application shall be sufficient cause to revoke any permit issued. This application allows duly authorized representatives of the County to enter upon the premises of the project site at reasonable time for the purpose of inspection.

Signature of Owner(s)  Date May 13, 2022
Printed Name(s) Jeffrey B. Webster Lily C. Lin

Signature of Applicant(s) _____ Date _____
Printed Name(s) _____

Signature of Agent _____ Date _____
Printed Name _____

APPENDIX A Rezoning Checklist

The following items are required in order for the rezoning application to be processed. Any items not submitted with the application may cause a delay in the advertising of your rezoning request.

1. _____ Schedule preliminary meeting with county staff.
2. _____ List name(s), address, phone numbers and e-mail addresses for the owner(s), applicant(s), and plan preparer.
3. _____ Include all property information.
4. _____ Describe the proposed use along with the need and justification of the rezoning.
5. _____ List all adjoining property owners.
6. _____ Sign the application.
7. _____ If applicant is seeking a Conditional Rezoning, please include "Proffer Sheet" Appendix B.
8. _____ Pay all applicable fees. Fees are applied to advertising, publishing, and processing the application.
9. _____ Submit any permits relating to the project that have been obtained.
10. _____ Include a plat by a certified surveyor (can be a recorded plat) showing all existing and proposed structures. The plat shall also show septic, well, and any utilities if applicable. If plans are submitted on paper larger than 11"x17", please provide twenty copies with your application.
11. _____ Building elevation if applicable. If elevations are submitted on paper larger than 11"x17", please provide twenty copies with your application.
12. _____ Other information the applicant feels that would aid in clarifying any portion of the rezoning.