

NORTHUMBERLAND COUNTY LAND USE APPLICATION

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 blue or black ink.

1.	Owner/Applicant In	formation:	13	3039 Northumberlass Muy
	Owners Name:	ISTOUSKIY	Address: 130	1039 Northumberland Muy 1077 North UM Gerland Muy Heathsville, VA 22473
	GALINA VAS	ASTONSKIY ILYEVNA SHUS	10 13 111	Measusville, VII 22 473
	Telephone (H): 347-528-423	relephone (vv).		tovskiya gmail.com
				0 0
	Applicants Name:	0	Address:	
	Same as a			
	Telephone (H):	Telephone (W):	Email:	
		1	J	
	Plan Preparer/Authorize	d Agent:	Address:	*1
	NIA			200
	Telephone (H):	Telephone (W):	Email:	
2.	Property Information			
	Tax Parcel #: 240-1-1	111A /	3039 North	ess (If applicable): umber kend Muy Maasustille W
	Current Zoning: □C-1 XA-1 □R-1		gisteriai District.	Date Property Purchased.
	□R-3 □R-4 □B-1	□M-1	NW	June 7, 2021
	Are there any structures Yes (If yes, please des			Deed Book Page # :
	□No:	NORTH W		
	Board of Supervisor Rep		What is the road n your property is loo	ame or route number on which cated?
	Thomas	10mlin	Northum	berland Muy
	Directions to Property:	11 1 1 1 1 1		
9	13039 Noi	Thumberland h	lwy (Old lea	ans Bargin Store)
000 11		randaran na kalendaran karantaran 1881	51 V 17 V 18 V	
Office Use	Only: BOARD ACTION:	PAID STAN		olication #: 33 - CU - 006 PE OFAPPLICATION / FEE:
RECEIVED:	□Approved	自己/ 法国际通信总量是否		Appeal Decision of Zoning Administrator
	☐ Approved w/ conditions ☐ Denied	(100 0.00		onditional <u>U</u> se- \$150 Conditional <u>U</u> se <u>Bo</u> athouse- \$150
3-22-23	□Withdrawn Meeting Date <u>4-13</u>	-23 MAK 4		Exception to the <u>Bay A</u> ct- \$300 Subdivision <u>Variance-</u> \$300
7 7 7 7 7		ELLEN B KIRBY		Zoning Variance- \$300

Northumberland County Land Use Applications Form Revised: 6/1/2013

3.	Description of Request:
	Type of Request (check one):
	☑Conditional Use ☐Exception to the Bay Act ☐Subdivision Variance
	□Zoning Variance
	What is the current use? (Use another sheet of paper if more space is needed):
	not in use
	4
	Describe the proposed use/project (Use another sheet of paper if more space is needed):
	We eve planning to penovate
	We are planning to renovate the building and convert it into a coffe Shop
	a coffe Shop
	Have you discussed this request with any State and/or Federal agencies that may require a permit? (Health Department, Virginia Department of Transportation, etc.)
	☐Yes (If yes, please explain)
	™o
	Have you previously applied to or obtained a permit from Northumberland County for any portion of this request or relating to this request?
	☐Yes (If yes, please explain)
	™No
	Has any portion of this request for which you are seeking a permit been completed or commenced?
	☐Yes (If yes, please explain)
	™No
- 1	

ADJOINING PROPERTY OWNERS

Karen Thompson Crogan Trustee 11686Severnview Drive Crownsville, MD 21032

Ruscell R. Noel P. O. Box 130 Heathsville, VA 22473

Timothy Reed or Charlene M. Akers 12966 Northumberland Hwy Heathsville, VA 22473

Virginia Reed Kelly and Elizabeth Brook Kelly c/o Virginia Kelly 1109 Bruton Lane Virginia Beach, VA 23451

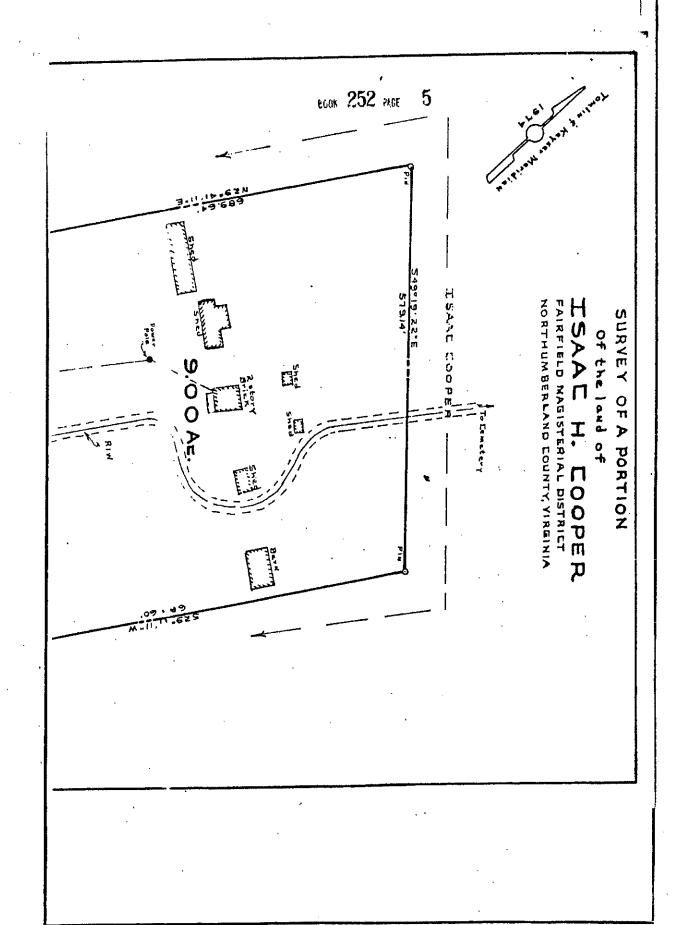
5. Signature Page:

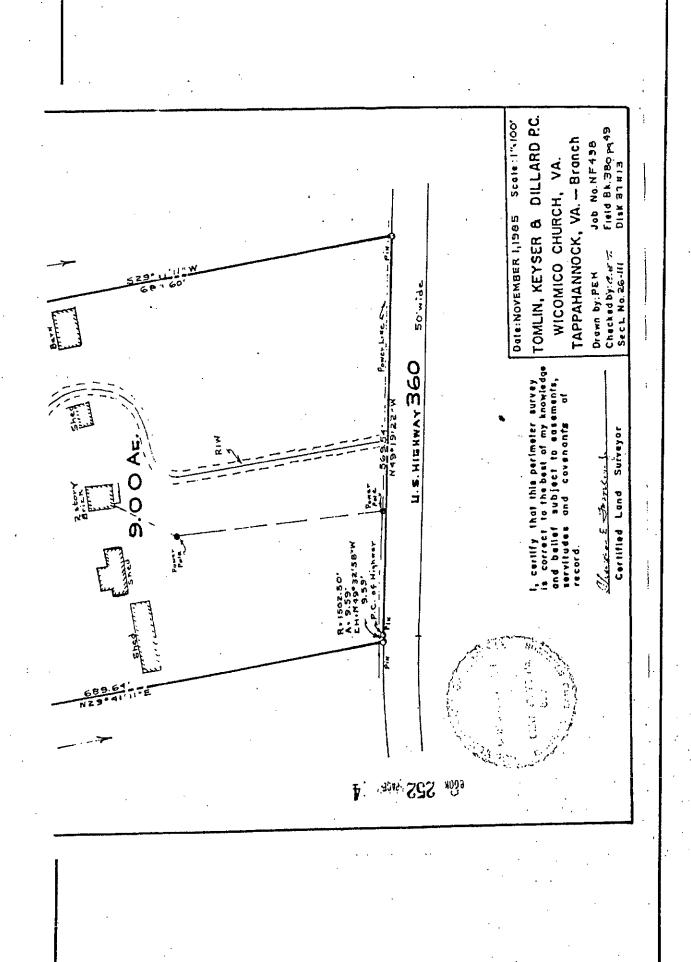
This application is submitted true and correct. Applicant permit herein applied for is issued, that all work will be contained as required by all Northumberland County Ordinance laws, and any other applicable regulations. Failure to conterms of this application shall be sufficient cause to revok This application allows duly authorized representatives of upon the premises of the project site at reasonable times inspection. Signature of Owner(s) Printed Name(s) Maxim Shustovsky Galina Vasilyevna Sh	ompleted as stated es, Virginia State mply with any part or the any permit issued. If the County to enter for the purpose of
Signature of Applicant(s)	Date
Printed Name(s)	-
Signature of Agent	Date
Printed Name	,

APPENDIX B Conditional Use Additional Information

Please submit this appendix with your application.

1,	Please provide the following setbacks for all proposed structures: Primary Structure:		
(T)	Road/Right-of-way Northumberlankear Yard		
	Left Side Line Right Side Line		
	Height of Structure 2 Stories		
	Secondary Structure:		
	Road/Right-of-way Rear Yard		
	Left Side Line Right Side Line		
	Height of Structure		
2.	Additional Information Will there be parking on the property?		
	Will there be any lighting? □Yes □No If yes, please indicate the type and number of lights being used.		
	To be determined		
	Will there be any signs associated with the request? □Yes □No If yes, please indicate the size and number of signs.		
	To be determined		
<u>L.</u>	All permits will need to be obtained from the Office of Building & Zoning for signage.		
Office U Part of ap Date Rec	se Only: oplication # :		







Northumberland County Health Department P.O. Box 69 Heathsville, Virginia 22473 (804) 580-8827 (804) 580-2913

Site Evaluation Report

Health Department ID Number: 166-05-424

Facility Information	
Facility Name:	North 26(1)111A, 111B
Site Evaluator:	Rosalie Coultrip
HDID:	166-05-424
Evaluation Information	
Scheduled Evaluation:	8/8/2005
Comments:	
Site Evaluation	
Date(s) of evaluation:	8/8/2005
Evaluation method:	Hand Auger
Landscape Position:	Terrace (High; Low)
Position Satisfactory?	Yes
Slope (range):	Min: 1% Max: 4%
Depth to rock:	>60 inches
Depth to seasonal water table:	>60 inches
Free water present?	No, at 0 to 0 inches
Depth to other limiting feature?	No, at to inches
Describe limiting feature:	
Soil texture group:	11
Estimated soil permeability:	=< 40 mpi at: 40 inches
Measured soil permeability:	at: inches
Type of test:	
Length of site (on contour):	90
Width of site (up and down slope):	90

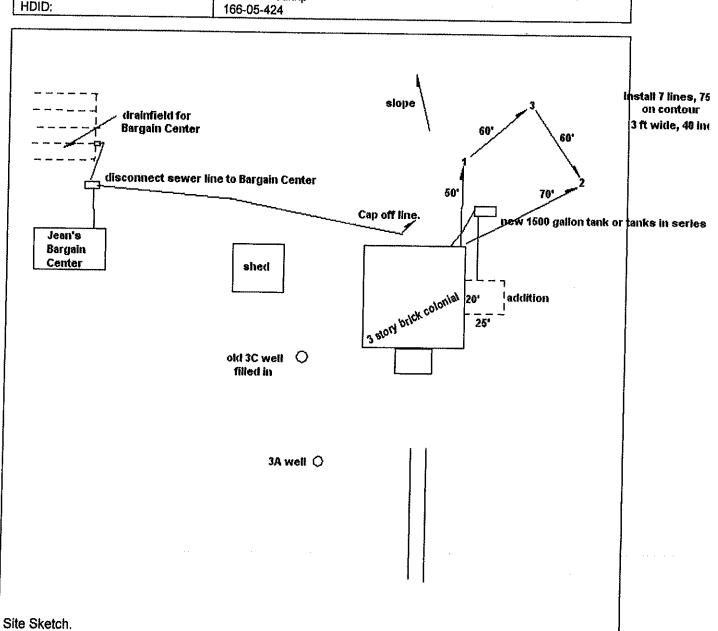
Preliminary Design Concepts		
Treatment level: Trench/bed width: Trench/bed depth: Trench spacing: Comments:	Primary 3 feet 40 inches 9 feet	

In accordance with § 32.1-163.5 of the Code of Virginia and 12 VAC 5-615-360, I hereby certify that this evaluation and all associated work, including but not limited to system design information where applicable, complies with and was conducted in accordance with 12 VAC 5-610-20 et seq. (the Sewage Handling and Disposal Regulations) and the policies of the Virginia Department of Health.

If evaluated by a professional engineer, indicate name and # of AOSE consulted:

Site Sketch
Health Department ID Number: 166-05-424

Facility Information	
Facility Name:	North 26(1)111A, 111B
Site Evaluator:	Rosalie Coultrip
HDID:	166-05-424



Construction Drawing

HD ID #: 166-05-424

Owner Information Ulrich, John	Phone:
13077 North'd. Hwy. Heathsville, Virginia 22473	
drainfield for Bargain Center	slope Install 7 lines on conto
Jean's Bargain Center	Cap off line. new 1500 gallon tank or tanks in ser addition 25'
old 3C well () filled in	3 2/013
3A well (
is sewage disposal system construction permit is null and	

This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: (Not Entered); Site Evaluation By: Rosalie Coultrip

Rosalie Coultrip

February 8, 2007 **Expiration Date**



