



CITY OF SUFFOLK

FEE \$100

Department of Planning & Community Development
442 W. Washington Street
Suffolk, VA 23434

757-514-4150 (phone) 757-514-4199 (fax) cddapplication@suffolkva.us (email)
www.suffolkva.us (website)

VERIFICATION/DETERMINATION OF ZONING

In order for Community Development to assist you with your Determination of Zoning, please complete this application in its entirety and return by mail, email or fax, information is listed above. **PRINT or TYPE**

1. Name & Address of Property Owner:

Telephone: _____ Fax: _____

Email: _____

2. Name & Address of Applicant if different from Owner:

Telephone: _____ Fax: _____

Email: _____

3. Property Specifics - Address: _____

Tax Map: _____ Parcel No.: _____

Account No.: _____

4. When did landowner take title to the property: _____

5. Identify the current use of the property: _____

6. Does this request for information concern the development of a specific project:

YES or NO. If yes, describe the proposed use and attach site plans, physical survey, etc.

ATTACH ADDITIONAL PAGES IF NECESSARY

7. Are you aware of any previously approved Rezoning, Special Exceptions, Conditional Use Permits or Variances on the referenced property: YES or NO
If yes, please specify approved application(s) and case number(s):

8. A check for \$100.00 payable to the "City of Suffolk" is attached to my application as my filing fee. YES or NO
If No, explain:

Print Name of Applicant

Signature of Applicant

Date

Print Name of Owner
(if applicable)

Signature of Owner
(if applicable)

Date

I understand that if the applicant is not the owner of the property, in accordance with Section 15.2-2204 of the Code of Virginia, the owner will be notified of your request for information by copy of this application.

Signature of person making request: _____

Email address where you want letter sent: _____

A decision or determination will be rendered pursuant to Sec 15.2-2286 of the Code of Virginia based upon the provisions of the City of Suffolk Unified Development Ordinance (UDO) as of the date of the response to the application. The UDO is subject to change following advertised public hearings.

NOTE: Any determination issued at the request of anyone other than the property/land owner, pursuant to Virginia Code Sec 15.2-2307, is NOT an official order, requirement, decision or determination.

CRITERIA CHECKLIST FOR WRITTEN ZONING DETERMINATIONS

Before submitting an application for a written Determination of Zoning, please make sure you have provided the following:

1. If applicant is requesting information regarding an addition to a structure, a proposed structure, or information regarding an existing structure, a valid physical survey illustrating all existing and/or proposed structures must be provided with the application.
2. If request is for a proposed use, a detailed description of the proposed business or use must be provided. The description must also include details of any type of open or outdoor storage including vehicles parked on the site; tractor trailers, construction equipment, etc.
3. Submit application completed in its entirety.
4. Submit check in the amount of \$100.00 made payable to the "City of Suffolk" (Note: your request for Determination of Zoning is incomplete until all funds have been received and checks cleared)
5. According to Virginia Code Sec 15.2-2286(A)(4), a maximum of 90 days is allotted for responses to a request for a determination of zoning. Based on workload, it is the practice of the Zoning Administrator to attempt to complete all requests within 30 days receipt of a completed application. In certain cases that are deemed time sensitive, staff will make every attempt to expedite the application.