



City of Fredericksburg
COMMUNITY PLANNING AND BUILDING DEPARTMENT
601 Caroline Street, Suite 400 / P.O. Box 7447
Fredericksburg, VA 22404-7447
Telephone: 540-372-1179 / planning@fredericksburgva.gov

**APPLICATION FOR
CHANGE OF NON-CONFORMING USE
Fee: \$300.00**

Definition

A non-conforming use is a land use which does not conform to the prescribed zoning district. The Zoning Administrator may allow a change in a non-conforming use, provided the new use is equally or more restrictive and will not have an adverse effect on the neighborhood in which the proposed use is located.

Approval of a Change of Non-Conforming Use

The following guidelines shall be used by the Zoning Administrator to determine whether a proposed non-conforming use is more restrictive than the previous non-conforming use and whether such a new use will have an adverse effect on the neighborhood in which it is located:

1. The parking requirements and parking spaces provided in reference to the new use.
2. The appearance of the building and site on which the use is to be located.
3. The use, type, area and appearance of signs.
4. The hours of operations for the new use.
5. The lighting provisions for the new use.
6. The landscaping provisions for the new use.
7. The potential increase in vehicular traffic in the neighborhood.
8. The potential effect on the fair market value of neighboring properties.

The Zoning Administrator may decide upon conditions for approval but may also deny such uses as incompatible with existing uses or the surrounding areas.

Application Requirements

Change of non-conforming use applications must be filed with the Office of Planning & Community Development. *Applications must include the application fee of \$300.00 as well as the original application with original signatures, one complete copy of the application must be uploaded to the City's FTP website. This must be completed in order for the application to be deemed to be complete. Please see the attached instructions on how to upload the application to the City's website. In addition, submit 2 paper copies of the application and preliminary plan with the following information (attach additional sheets as necessary):*

1. Certified boundary survey of the property.
2. Total area of the property.
3. Location and dimensions of all existing structures and facilities.
4. Location and dimensions, including height, of all proposed structures site improvements, facilities, parking and loading access points utilities and landscaping.
5. Descriptions of the development's impact on neighboring and adjacent properties.
6. A certified plat, signed and sealed by a professional surveyor as well as by an engineer and/or architect who is qualified to certify structural, grading, utility, and other site improvements.

7. Statement of proposed use, ownership, maintenance plan, management program, and other information, to include hours of operation, proposed number of employee's, operator's qualifications, traffic impact projections, market area to be served, and architectural features of proposed structures.
8. Notice to Adjacent Property Owners

Do not mail the required adjacent property owner letter until after the Zoning Administrator has advised you to do so, which will happen after application review has been completed. There is a 21 day public comment period prior to approval. Approval of this application does not guarantee approval of any subsequent application for permit or development approval.

Conditions

The Zoning Administrator may impose conditions, safeguards and restrictions upon a proposed change of non-conforming use as it may deem necessary in the public interest to secure compliance with the Unified Development Ordinance and the Comprehensive Plan including, but not limited to, the following conditions:

1. Limit the hours of operation for the non-conforming use.
2. Place a time limit on the non-conforming use and require that it be periodically renewed or extended.

The Zoning Administrator may also revoke a non-conforming use permit in accordance with Article 72-7 of the Unified Development Ordinance.

Extensions/Renewal of Permits

Applications for extension or renewal of non-conforming use permits must be filed thirty (30) days before the expiration of the permit. The Zoning Administrator will monitor the non-conforming use to determine if the use continues to satisfy the conditions of the permit.

Date of Application: _____

Fee: \$ 300.00

Application #: _____

Name of Applicant: _____

Applicant's Mailing Address: _____

Telephone: _____ E-Mail: _____

Address of Subject Property: _____

Property Owned By: _____

Owner's Mailing Address: _____

Telephone: _____ E-Mail: _____

Size of Subject Property (Square Feet/ Acres): _____ (Attach plat)

OWNERSHIP

Applicant is (Circle One):

Property Owner Agent of Owner Lessee Property Purchaser Other

If 'Other', describe:

Source of Property Title / Instrument #:

If Property is owned by a Limited Liability Corporation (LLC):

1. Attach a "Certificate of Fact of Existence" from the State Corporation Commission; and
2. List the names and titles with authority to sign on behalf of the LLC (add additional sheets if needed):

OR

If Property is owned by a Corporation (Inc.):

1. Attach a "Certificate of Good Standing" from the State Corporation Commission; and
2. List the names and titles with authority to sign on behalf of the corporation (add additional sheets if needed):

PREVIOUS NON-CONFORMING USE

Description:

Hours of Operation: _____ Number of Employees: _____

Average number of patrons per day: _____

Number of off-street parking spaces provided: _____

Number and type of signs, along with size in square feet: _____

Lighting provisions: _____

Percent of property landscaped: _____

How long has this use operated at this address: _____

What use(s) preceded this use: _____

PROPOSED NON-CONFORMING USE

Description (*be specific*):

Hours of Operation: _____ Number of Employees: _____

Estimate number of patrons per day: _____

Number of off-street parking spaces to be provided: _____

Number and type of proposed signs, along with size in square feet: _____

Lighting provisions: _____

Landscaping improvements proposed for site:

Describe any planned maintenance work, repairs or improvements in subject structure and/or site:

Describe the potential effect of the proposed use on the fair market values of neighboring properties:

Description of the impact of the proposed use on neighboring and adjacent properties (attached additional sheet if necessary):

The undersigned is aware that any non-conforming use permit issued is revocable on the failure of either the operator of the use covered or the owner of the property to observe all requirements of law with respect to the maintenance and conduct of the use and all conditions in connection with the permit that were designated by the City of Fredericksburg in issuing same.

Signature of Applicant

Date

Signature of Property Owner

Date

For Completion by Planning Services Division

Zoning District _____ *Approved* *Denied* Permit # _____ Fee Paid _____

Zoning Administrator

Date

Comments: _____

Notification Letter to Adjacent Property Owners

Date: _____

Re: _____ (Address/GPIN #)

Dear Neighboring Property Owner,

This letter is to notify you that a **Change of Non-Conforming Use** application (City Code §72-24.4), will be submitted for approval to the City of Fredericksburg on _____. A copy of the application is attached to this letter for your review. A copy is also available for review in Suite 400 of the Executive Plaza located at 601 Caroline Street, Fredericksburg, Virginia, 22401. Public comment will be accepted, in writing, within 21 days from the submission of the application.

Public comments should be addressed to the following address:

Zoning Administrator, Planning Services Division

Community Planning and Building Department

P.O. Box 7447, Fredericksburg, Virginia 22404-7447

By Phone: (540) 372-1179

Sincerely,

Signature

Printed Name

CERTIFICATE OF NOTICE TO ADJOINING PROPERTY OWNERS

In accordance with the policies of the Community Planning and Building Department, attached are the postmarked certified mail receipts that will serve as proof of notification of the adjacent property owners.

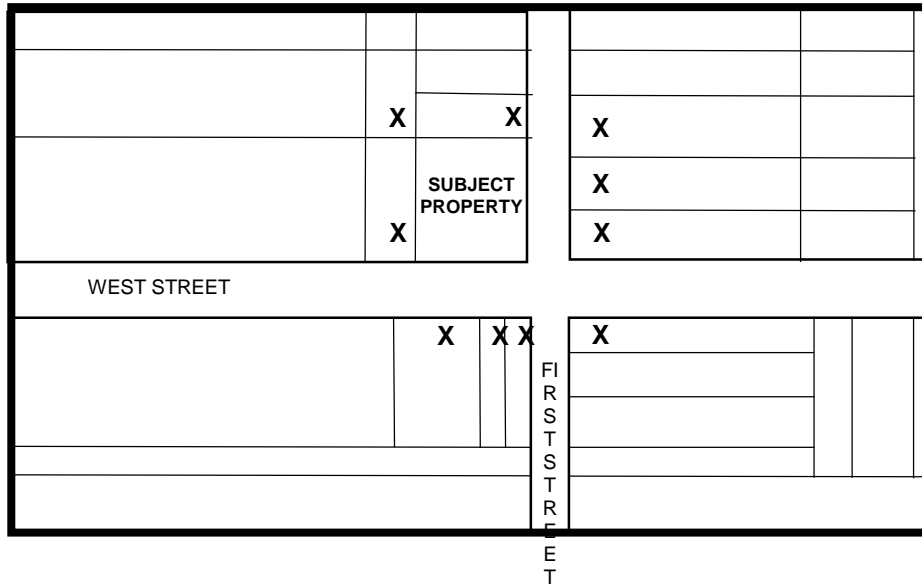
Signature of Applicant/Agent

Printed Name

Date

EXAMPLE DIAGRAM OF ADJACENT PROPERTY OWNERS

X = Property owners to be notified



PROPERTY OWNERS LIST

SUBJECT ADDRESS

GPIN #

Adjacent property owner names and addresses can be obtained by visiting the City website at www.fredericksburgva.gov and following the link to GIS, or by visiting the Office of Real Estate at City Hall, 715 Princess Anne Street, Room 107.

Adjacent Property Owner's Name and Mailing Address

Property Address		GPIN NUMBER
Owner Name		
Mailing Address		
City, State, Zip		

Property Address		
Owner Name		GPIN NUMBER
Mailing Address		
City, State, Zip		

Property Address		
Owner Name		GPIN NUMBER
Mailing Address		
City, State, Zip		

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Mailing Address		
City, State, Zip		

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Owner Name		GPIN NUMBER
Mailing Address		
City, State, Zip		

ATTACH ADDITIONAL SHEETS IF NECESSARY

**CERTIFIED MAIL
GUIDELINES**

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Sent To
John Doe
Street, Apt. No., or PO Box No.
00000 Anywhere Street
City, State, ZIP+4®
Anywhere, VA 00000

PS Form 3800, June 2002

PS Form 3800 (Front) (Green/white)

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpieces "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

PS Form 3800 (Back) (Green/White)

PS FORM 3811 (Front) (Green)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>John Doe 0000 Anywhere Street Anywhere, VA 00000</p> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

PS FORM 3811 (Back) (Green)

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Office of the Zoning Administrator
P.O. Box 7447
Fredericksburg, VA 22404-7447

Fill in the name and address of the person to whom the notice is to be sent.

Put and "X" in the box for Certified Mail.

Use **THIS** address for "Sender" information:
OFFICE OF THE ZONING ADMINISTRATOR
P.O. Box 7447,
Fredericksburg, VA 22404-7447. Also use as the return address on the front of the envelope.

Put your Project Name here.