



City of Fredericksburg  
COMMUNITY PLANNING AND BUILDING DEPARTMENT  
715 Princess Anne Street / P.O. Box 7447  
Fredericksburg, VA 22404-7447  
Telephone: 540-372-1179

## APPLICATION FOR MINOR EXPANSION OF A NON-CONFORMING USE

### Definition

A non-conforming use is a land use which does not conform to the prescribed zoning district. The Zoning Administrator may allow a minor expansion of a non-conforming use, provided the expansion meets the standards of Unified Development Ordinances section 72-24.3 as described below:

### Minor Expansion of a Non-Conforming Use

1. Does not result in the increase in the number of seats, parking spaces or students, if applicable, which exceeds more than 10% of the existing amount;
2. Does not reduce the effectiveness of existing transitional screening, buffering, landscaping or open space;
3. Does not result in changes to bulk, mass, orientation or location which adversely impact the relationship of the development or part thereof to adjacent property; and
4. Construction of any new building or structure, is limited to the following: new accessory buildings or structures, and additions to existing buildings or structures, provided that:
  - a. The sum total of all such structures or additions shall not exceed the greater of: 500 square feet of gross floor area, or 5% of the existing gross floor area (up to a maximum of 25,000 square feet of gross floor area) ; and
  - b. The maximum permitted FAR for the zoning district shall not be exceeded.

### 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 and a copy of the certified mail receipts verifying public notice has been sent to adjacent property owners; 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 plan, signed and sealed by a professional surveyor, 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.

**Conditions**

The Zoning Administrator may impose conditions, safeguards and restrictions upon a proposed minor expansion of a 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 plan)

**OWNERSHIP**

**Applicant is (Circle One):**

Property Owner      Agent of Owner      Lessee      Property Purchaser      Other

**If 'Other', describe:**

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**Source of Property Title / Instrument #:**

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**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):

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**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):

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**EXISTING NON-CONFORMING USE**

Description:

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Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Average number of patrons per day: \_\_\_\_\_

Number of off-street parking spaces required: \_\_\_\_\_

Number of total parking spaces provided: \_\_\_\_\_

Number of seats or students (if applicable): \_\_\_\_\_

Describe bulk, mass, orientation of location of existing buildings/development:

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Existing building and/or structure square feet: \_\_\_\_\_

Existing FAR: \_\_\_\_\_

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How long has this use operated at this address: \_\_\_\_\_

**PROPOSED MINOR EXPANSION OF A NON-CONFORMING USE**

Description (*be specific*):

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Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Estimate number of patrons per day: \_\_\_\_\_

Number of off-street parking spaces required: \_\_\_\_\_

Number of total parking spaces provided: \_\_\_\_\_

Number of seats or students (if applicable): \_\_\_\_\_

Describe *changes* to bulk, mass, orientation of location of existing buildings/development:

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Proposed building and/or structure square feet: \_\_\_\_\_

Proposed FAR: \_\_\_\_\_

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

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# PUBLIC NOTIFICATION REQUIREMENTS

**Written Notice:** Written notice of an application initiated by a property owner or contract purchaser shall be provided to adjacent property owners by certified return receipt mail **by the applicant immediately prior to the submitting the application.** Applicants may use the notice form supplied with the application forms.

Evidence of the receipt of such notice shall be provided to the Zoning Administrator prior to the application being deemed complete. In the case of a condominium or a cooperative, the written notice may be mailed to the unit owners' association or proprietary lessees' association, respectively, in lieu of each individual unit owner.

**The following notice documents must be submitted to the office of the Zoning Administrator with the final application:**

1. a copy of the notice letter sent
2. a list of the names and addresses of those persons to whom notice was sent
3. a copy of the post office receipts for the certified or return receipt mail

**Posted Notice:** The applicant shall post a sign provided by the Zoning Administrator on each parcel of land involved in an application for zoning map amendment (when 25 or fewer parcels are affected), **Posted notice shall be erected once the application has been submitted.**

**Failure to send accurate or correct notices will result in deferral of the application and a re mailing of the notice to all adjacent property owners.** Property ownership information is to be obtained from the City Real Estate Office, Room 107, City Hall, 715 Princess Anne Street or online at [www.fredericksburgva.gov](http://www.fredericksburgva.gov)

**APPLICANT to mail this notice by certified return receipt mail to adjacent property owners on the same day the application is submitted to the City.**

**Notification Letter to Adjacent Property Owners**

Date: \_\_\_\_\_

Re: \_\_\_\_\_(Address/GPIN #)

Dear Neighboring Property Owner,

This letter is to notify you that a **Minor Expansion of a Non-Conforming Use** application (City Code §72-24.3), will be submitted for approval to the City of Fredericksburg on \_\_\_\_\_ . A copy of the application is attached to this letter for your review and is also available in Room 215 of City Hall located at 715 Princess Anne 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  
(540) 372-1179

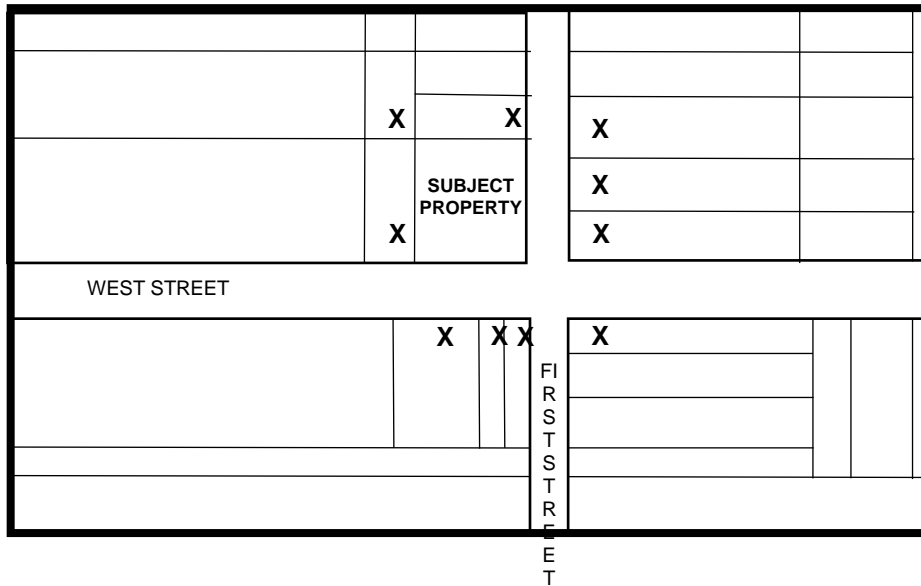
Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**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](http://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**

<b>Property Address</b>		<b>GPIN NUMBER</b>
<b>Owner Name</b>		
<b>Mailing Address</b>		
<b>City, State, Zip</b>		



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<b>Owner Name</b>		
<b>Mailing Address</b>		
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<b>Owner Name</b>		
<b>Mailing Address</b>		
<b>City, State, Zip</b>		

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

**NOTE: Applicant to return all notice documents as part of the application package to: Office of the Zoning Administrator, 715 Princess Anne Street, Fredericksburg, VA 22401**

# SIGN POSTING PROCEDURES

## Instructions

It is the applicant's responsibility to ensure that the sign(s) remain on the project site for the required time and are maintained in good/legible condition until after the public hearing date.

## Site Posting Procedure

Sign(s) shall be posted on the day the Application is submitted. The applicant shall complete a notarized affidavit stating the sign(s) shall be posted in accordance with these procedures. Within three (3) days of posting the sign the applicant shall provide a photograph of the posted sign to the Community Planning and Building Department.

**Failure to submit a notarized affidavit and/or photograph of the posted sign may result in the removal of the application from the scheduled meeting agenda.**

Information required on the sign(s) shall be completed by a member of the planning staff and provided to the applicant for posting. Signs shall be removed within three (3) days of the decision on the application. Sign(s) should **not** be returned to the Community Planning & Building Department.

A minimum of one sign shall be placed along any adjacent arterial street. Signs should be posted every 600 feet when a street frontage adjacent to a project exceeds that distance. Sign(s) shall be placed parallel to the roadway.

Sign(s) shall be placed on the property in the most visible location available in such a manner that landscaping or other obstructions do not impair the visibility of the sign(s) from the street. The sign(s) shall not be placed on the public street right-of-way. The sign(s) should not be placed more than 10 feet behind the property line adjacent to the street.

The Community Planning and Building Department may vary any of the above guidelines where there are special circumstances in order to ensure that the sign(s) will be visible to the general public.

**The undersigned acknowledges that he/she has read this procedure and understands how and where to post the required sign(s).**

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**Applicant Signature**

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**Date**

**Checklist for a Minor Expansion of a Non-Conforming Use**

1	Application and fee.						
2	<p>A written narrative that addresses the following:</p> <ul style="list-style-type: none"> <li>a. What is the percentage of increase in the number of seats, parking spaces, or students?</li> <li>b. Will the expansion cause a reduction in the effectiveness of existing transitional screening, buffering, landscaping or open space?</li> <li>c. How will the changes to bulk, mass, orientation or location adversely impact adjacent property?</li> <li>d. If the change involves a new accessory building, structure or addition to an existing building, what will be the percentage of all such structures or additions in relation to the existing gross floor area (GFA)?</li> <li>e. What will be the total existing and proposed floor area ratio?</li> </ul>	<table border="1" style="width: 100%; height: 100%;"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>					

**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](http://www.usps.com)

**OFFICIAL USE**

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

Postmark Here

Sent To  
**John Doe**  
00000 Anywhere Street  
Anywhere, VA 00000

PS Form 3800, June 2002 See Reverse for Instructions

**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 mailpiece "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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>John Doe</b> <b>0000 Anywhere Street</b> <b>Anywhere, VA 00000</b></p> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" 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 an "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.