



# APPLICATION FOR A SUBDIVISION APPEAL OR WAIVER/EXCEPTION

Applicant/Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owner's Name (if different from applicant): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person (if different from applicant): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Waiver or appeal request details (include specific ordinance requirements to be waived or decision to be appealed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Location (give exact location based on nearest road and distance from nearest intersection, using road names and route numbers): \_\_\_\_\_

**Parcel Identification Numbers:** \_\_\_\_\_

**Magisterial District:** \_\_\_\_\_

**Zoning and Current Use:** Zoning District: \_\_\_\_\_ Current Use: \_\_\_\_\_

**Attachments:** Adjoining Property Owners List \_\_\_\_\_ Existing/recorded and Proposed Plats \_\_\_\_\_

\*\*\*\*For Office Use Only\*\*\*\*

**FEES FOR WAIVER OR ORDINANCE EXCEPTION AND CHECKLIST:**

- \$500.00 \_\_\_\_\_
- Attachments \_\_\_\_\_ Existing/recorded and proposed plat(s) \_\_\_\_\_
- Completed adjoining properties info. sheet(s) \_\_\_\_\_
- Receipt #: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)

Frederick County Department of Planning and Development  
107 North Kent Street • Suite 202  
Winchester, Virginia 22601  
Phone: (540) 665-5651 - Fax: (540) 665-6395

**List of Adjoining Properties:** The following names and addresses are all of the individuals, firms, or corporations owning property adjacent to the property for which the waiver or exception is being sought, including properties at the sides, rear, and in front of (across street from) the subject property. (Use additional pages if necessary.) These people will be notified by mail of this application.

Name and Property Identification Number	Address
Name	
Property #	
Name	
Property #	
Name	
Property #	
Name	
Property #	
Name	
Property #	
Name	
Property #	
Name	
Property #	
Name	
Property #	
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Property #	
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Property #	
Name	
Property #	



**Special Limited Power of Attorney  
County of Frederick, Virginia  
Frederick Planning Website: [www.fcva.us](http://www.fcva.us)**

**Department of Planning & Development, County of Frederick, Virginia  
107 North Kent Street, Winchester, Virginia 22601  
Phone (540) 665-5651 Facsimile (540) 665-6395**

**Know All Men By These Presents That:**

\_\_\_\_\_  
Name of Property Owner/Applicant

Please note: If the property owner/applicant is an entity, the name of the entity should appear above.  
If multiple persons own the property or are applicants, an executed power of attorney from each owner will be needed.

\_\_\_\_\_  
Mailing Address of Property Owner/Applicant

\_\_\_\_\_  
Telephone Number

**as owner of, or applicant with respect to, the tract(s) or parcel(s) of land in Frederick County, Virginia, identified by following property identification numbers:**

\_\_\_\_\_

**do hereby make, constitute, and appoint:**

\_\_\_\_\_  
Name of Attorney-In-Fact

\_\_\_\_\_  
Mailing Address of Attorney-In-Fact

\_\_\_\_\_  
Telephone Number

**to act as my true and lawful attorney-in-fact for and in my name, place, and stead, with the same full power and authority I would have if acting personally, to file and act on my behalf with respect to application with Frederick County, Virginia for the following, for the above identified property:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Rezoning</b>                                   | <input type="checkbox"/> <b>Subdivision</b>               |
| <input type="checkbox"/> <b>Conditional Use Permit</b>                     | <input type="checkbox"/> <b>Site Plan</b>                 |
| <input type="checkbox"/> <b>Master Development Plan (prelim. or final)</b> | <input type="checkbox"/> <b>Variance or Zoning Appeal</b> |
| <input type="checkbox"/> <b>Subdivision Appeal or Waiver/Exception</b>     |   |

**and, further, my attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows:**

\_\_\_\_\_.

**This appointment shall expire one year from the day that it is signed, or at such sooner time as I otherwise rescind or modify it.**

Signature \_\_\_\_\_

Title (if signing on behalf of an entity) \_\_\_\_\_

State of \_\_\_\_\_, County/City of \_\_\_\_\_, To wit:

I, \_\_\_\_\_, a Notary Public in and for the jurisdiction aforesaid, certify that the person who signed the foregoing instrument personally appeared before me and has acknowledged the same before me in the jurisdiction aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Registration Number: \_\_\_\_\_