



PLANNING COMMISSION

BOARD OF ZONING APPEALS

GREENE COUNTY PLANNING DEPARTMENT

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Stanardsville, Virginia 22973

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PRE-APPLICATION MEETING WORKSHEET:

REZONING

SPECIAL USE

SITE PLAN

SUBDIVISION

1. Applicant Name/Phone: _____

Email: _____

2. Owner Name /Phone: _____

3. Property address: _____

4. Tax map identification number(s) _____

5. Acres in project: _____

6. Current Zoning: _____

7. Customers/Employees per day: _____

8. Proposed Zoning: _____

9. How would the proposed project meet its service needs? Circle all that apply.

a. County Water

b. County Sewer

c. Well

d. Septic

10. How is the property currently being used?

11. Please describe in detail the proposed use(s) for the property:

12. Buildings on site: New or Existing _____ Stories _____ Sq. Ft.

Construction Type: Wood Masonry Steel Other Year Constructed _____

Original Use _____ Current Use _____

13. Agricultural and Foresteral District _____

14. Additional Information

FOR COUNTY USE ONLY (PLEASE CHECK REVIEWERS REQUIRED FOR PROJECT)			
VDOT		FIRE AND RESCUE	
SCHOOLS		HEALTH DEPT	
PUBLIC WORKS		SHERIFF	
DEVELOPMENT REVIEW		STORMWATER	
ZONING		PLANNING	
BUILDING OFFICIAL		CSWCD or Planning District	
DATE: _____ TIME: _____			