



PLANNING COMMISSION

BOARD OF ZONING APPEALS

GREENE COUNTY PLANNING DEPARTMENT

Post Office Box 358

Stanardsville, Virginia 22973

Tel: 434-985-5282  
Fax: 434-985-1459

www.greenecountyva.gov  
planning@gcva.us

**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?

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

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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

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