



WAIVER REQUEST FORM

Please Return To: City of Charlottesville
Department of Neighborhood Development Services
PO Box 911, City Hall
Charlottesville, Virginia 22902
Telephone (434) 970-3182 Fax (434) 970-3359

For a Critical Slopes Waiver Request, please include one of the following application fees: \$75 for single-family or two-family projects; \$500 for all other project types. **additional application form required*
For all other Waiver Requests, please include one of the following application fees: \$50 for single-family or two-family projects; \$250 for all other project types.

Project Name/Description _____ Parcel Number _____
Address/Location _____
Owner Name _____ Applicant Name _____

Applicant Address: _____

Phone (H) _____ (W) _____ (F) _____

Email: _____

Waiver Requested (review Zoning Ordinance for items required with waiver submissions):

- | | |
|---|---|
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Drainage/Storm Water Management |
| <input type="checkbox"/> *Contact Staff for Supplemental Requirements | <input type="checkbox"/> Off-street Parking |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Landscape | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Setbacks | <input type="checkbox"/> Critical Slopes <i>*additional application form required</i> |
| <input type="checkbox"/> Communication Facilities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Stream Buffer Mitigation Plan | |

Description of Waiver Requested: _____

Reason for Waiver Request: _____

Applicant Signature _____ Date _____

Property Owner Signature (if not applicant) _____ Date _____

For Office Use Only: _____ Date Received: _____

Review Required: Administrative _____ Planning Commission _____ City Council _____

Approved: _____ Denied: _____ _____

Director of NDS

Comments: _____