



## Site Plan Amendment Application

Please return to: City of Charlottesville  
Department of Neighborhood Development Services  
P.O. Box 911, City Hall  
Charlottesville, Virginia 22902  
Telephone: 434-970-3182 Fax: 434-970-3359

**Please include \$500 application fee (or \$300 application fee if plan does not require circulation – to be determined in advance by NDS staff)**

**If this amendment requires an amendment to the original Stormwater Management Plan, please also include \$150 amendment fee. If this site plan amendment applies to a site plan that did not originally require a Stormwater Management Plan and a Stormwater Management Plan is now required, please include \$500 application fee.**

Project Name \_\_\_\_\_  
Tax Map and Parcel \_\_\_\_\_ Existing Zoning \_\_\_\_\_  
Special Overlay Zoning: \_\_\_\_ADC (Architectural Design Control) or \_\_\_\_ ECH (Entrance Corridor Historic Overlay District)  
Physical Street Address/Location \_\_\_\_\_  
Project Description \_\_\_\_\_  
\_\_\_\_\_

**Contact Person** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day time Phone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Owner of Property** \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Applicant** \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Right of Entry- Property Owner Permission

I, the undersigned, hereby grant the designated officer Of the City of Charlottesville the right to enter my property for the purpose of the inspection and monitoring for Compliance with the approved Site Plan for this project.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Site Plan Received: \_\_\_\_\_ Drawing Date \_\_\_\_\_ Revision Date \_\_\_\_\_ Approved \_\_\_\_\_

Amount Received: \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

Submitted By \_\_\_\_\_ Receipt # \_\_\_\_\_ Application # \_\_\_\_\_