

# COMPREHENSIVE POLICY PLAN AMENDMENT

## 2019 APPLICATION PACKAGE

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## FREDERICK COUNTY, VIRGINIA

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Department of Planning and Development  
107 North Kent Street, 2<sup>nd</sup> Floor  
Winchester, Virginia 22601  
PHONE: (540) 665-5651 - FAX: (540) 665-6395  
Website: [www.feva.us](http://www.feva.us)  
(REVISED 04/16/19)

## **2019 COMPREHENSIVE POLICY PLAN AMENDMENTS**

April 16, 2019

Dear Applicant:

Each year, the Frederick County Board of Supervisors reviews requests for amendments to the Comprehensive Plan and initiates those proposed amendments that they feel merit consideration.

Applications for Comprehensive Plan amendment consideration in 2019 must be received in the Planning Department no later than close of business on Monday, June 3, 2019. A copy of the application form is attached. *(Please note that while a single application may include multiple parcels, these parcels should be contiguous and be part of the same request; for example, a SWSA expansion).* Please read the entire application, including the attachments, and respond in full to those questions that pertain to the particular map or text amendment you are requesting. While incomplete applications will not be considered, the County prefers concise applications. This is not a rezoning application. Periphery information, such as floor plans and building elevations, are discouraged.

All applications will be reviewed first by the Comprehensive Plans and Programs Committee (CPPC). Applications will then be considered at a work session of the Board of Supervisors and Planning Commission. Applications deemed to have merit at this work session will be identified for additional study and forwarded to the CPPC for policy development. Subsequently, the application will be sent to the Planning Commission and Board of Supervisors for discussion and then public hearing. At the public hearing, the Board of Supervisors will ultimately decide whether to accept the application and thus change the Comprehensive Policy Plan.

If you have any questions, please contact the Planning Department at (540) 665-5651.

**COMPREHENSIVE POLICY PLAN AMENDMENT  
INITIATION REQUEST FORM**

(Please type all information. The application will not be deemed complete unless all items listed below have been submitted.)

A. Owner(s) Information:

1. Name: \_\_\_\_\_

2. Project Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

4. Telephone Number: \_\_\_\_\_

Authorized Agent Information:

1. Name: \_\_\_\_\_

2. Project Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

4. Telephone Number: \_\_\_\_\_

B. Legal interest in the property affected or reason for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Proposed Comprehensive Policy Plan amendment - please provide the following information.

**1. FOR A MAP AMENDMENT**

a. PIN(s): \_\_\_\_\_  
Magisterial District: \_\_\_\_\_

b. Parcel size (approximate acres): \_\_\_\_\_

c. Plat of area proposed for CPPA amendment, including metes and bounds description.

d. Existing Comprehensive Plan land use classification(s):

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e. Proposed Comprehensive Plan land use classification(s):

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f. Existing zoning and land use of the subject parcel:

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g. What use/zoning will be requested if amendment is approved?

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h. Describe, using text and maps as necessary, the existing zoning, Comprehensive Policy Plan designations, and/or approved uses and densities along with other characteristics of properties that are within:

- 1/4 mile from the parcel(s) perimeter if the parcel is less than 20 acres in size;
- 1/2 mile if 21 - 100 acres in size; or
- 1 mile if more than 100 acres in size.

***Note: Colored maps cannot be duplicated in the Planning Department.***

i. The name, mailing address, and parcel number of all property owners within 200 ft. of the subject parcel(s), with Adjacent Property Owners Affidavit (page 8).

## **2. FOR A TEXT AMENDMENT**

a. Purpose and intent of amendment.

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- b. Cite Plan chapter, goal, policy and/or action strategy text that is proposed to be amended.

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- c. Proposed new or revised text.

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***Note: Please attach and specify text changes with additions underlined and deletions crossed through.***

- d. Demonstrate how the proposal furthers the goals, policies/objectives, and action strategies set forth in the Comprehensive Policy Plan chapter(s) relative to the amendment request and why proposed revisions to said goals, policies, and action strategies are appropriate.

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- e. Demonstrate how the proposal is internally consistent with other Comprehensive Policy Plan components that are not the subject of the amendment.

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- f. What level of service impacts, if any, are associated with the request?

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**3. FOR ALL AMENDMENTS**

- a. Justification of proposed Comprehensive Policy Plan amendment (provide attachments if necessary). Describe why the change to the Comprehensive Policy Plan is being proposed.

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**Signatures:**

I (we), the undersigned, do hereby respectfully make application to and petition the Frederick County Board of Supervisors to amend the Comprehensive Plan. I (we) authorize Frederick County officials to enter the property for site inspection purposes.

I (we) hereby certify that this application and its accompanying materials are true and accurate to the best of my (our) knowledge.

Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



(TO BE COMPLETED BY APPLICANT)

**SUBJECT PROPERTY OWNERS AFFIDAVIT**

County of Frederick, Virginia

Frederick Planning Web Site: [www.fcva.us](http://www.fcva.us)

Department of Planning & Development, County of Frederick, Virginia  
107 North Kent Street, Suite 202 Winchester, Virginia 22601  
Phone 540-665-5651 Facsimile 540-665-6395

STATE OF VIRGINIA  
COUNTY OF FREDERICK

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Day) (Month) (Year)

I, \_\_\_\_\_  
(Owner/Contract Purchaser/Authorized Agent)

hereby make oath that the list of property owners of the subject site, as submitted with the application, is a true and accurate list based on the information provided by the Frederick County Commissioner of the Revenue Office as taken from the current real estate assessment records.

\_\_\_\_\_  
(Owner/Contract Purchaser/Authorized Agent)  
(circle one)

COMMONWEALTH OF VIRGINIA:

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in my  
County and State aforesaid, by the forenamed Principal.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_



Attachment 2

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

**Department of Planning & Development, County of Frederick, Virginia  
107 North Kent Street, Suite 202 Winchester, Virginia 22601  
Phone 540-665-5651 Facsimile 540-665-6395**

Know All Men By Those Present: That I (We)

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Address) \_\_\_\_\_

the owner(s) of all those tracts or parcels of land ("Property") conveyed to me (us), by deed recorded in the Clerk's Office of the Circuit Court of the County of Frederick, Virginia, by

Instrument No. \_\_\_\_\_ on Page \_\_\_\_\_, and is described as

Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

do hereby make, constitute and appoint:

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Address) \_\_\_\_\_

To act as my true and lawful attorney-in-fact for and in my (our) name, place, and stead with full power and authority I (we) would have if acting personally to file planning applications for my (our) above described Property, including:

- **Rezoning (including proffers)**
- **Conditional Use Permit**
- **Master Development Plan (Preliminary and Final)**
- **Subdivision**
- **Site Plan**
- **Comprehensive Policy Plan Amendment**
- **Appeal or Variance**

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 authorization shall expire one year from the day it is signed, or until it is otherwise rescinded or modified.

In witness thereof, I (we) have hereto set my (our) hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Signature(s) \_\_\_\_\_

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

I, \_\_\_\_\_, a Notary Public in and for the jurisdiction aforesaid, certify that the person(s) who signed to 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: \_\_\_\_\_