EROSION & SEDIMENT CONTROLS VARIANCE REQUEST
TO BE REVIEWED BY PLANNING COMMISSION
(April 17, 2020)

Case No: ____________________________ Date Received: ____________________________

Fee $600: __________________________ Check #: __________________________ (submit with application, nonrefundable)
The fee for deferral shall be 50% of the original fee. Make checks payable to ‘Treasurer of Westmoreland County.’

Assigned Date for: Planning Commission: __________________________

THIS APPLICATION IS INVALID IF NOT SIGNED BY ALL PROPERTY OWNERS AND THEIR AUTHORIZED AGENTS. PROPERLY COMPLETED AND EXECUTED APPLICATIONS, SUPPORT MATERIALS, AND FEE MUST BE RECEIVED BY THE APPROPRIATE DEADLINE FOR CONSIDERATION AT THE NEXT AVAILABLE MEETING.

Tax Map Identification: ____________________________ Project Address: ____________________________

Acreage: ____________________________ Zoning District: ____________________________ Magisterial District: ____________________________

Owner(s): __________________________________________________________________________

Email: _____________________________________________________________________________

Mailing Address: _____________________________________________________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

Phone #: ____________________________ Phone #: ____________________________

Agent/Applicant: _____________________________________________________________________

Email: _____________________________________________________________________________

Mailing Address: _____________________________________________________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

Phone #: ____________________________ Phone #: ____________________________

I/we respectfully request the Planning Commission to review this application for the following determination: (check and complete the appropriate appeal)

__ Request an APPEAL of the LAND USE ADMINISTRATION STAFF’S determination relative to Article ____, Section ____, Subsection ____ of the code and being further described as: ____________________________________________

__ Request a VARIANCE to the WESTMORELAND COUNTY EROSION & SEDIMENT CONTROL ORDINANCE and/or the VIRGINIA EROSION & SEDIMENT CONTROL HANDBOOK pursuant to County Code Article 54, Section 3, Subsection 4, and being further described as: ____________________________________________
SUBMITTAL DOCUMENTS
The following documents shall accompany this application unless waived in writing by the Zoning Administrator:

1. Six (6) copies of all documents.
2. Final site plan, including the proposed erosion control plan, an overall site development plan, plan showing existing and proposed contours, and any other relevant portions of the entire site plan that may be needed for context.
3. Written justification (on an attached sheet) for the requested variance or appeal of staff’s determination.
4. Any design work, calculations, etc. that you feel will support your application.
5. Drawings of any alternative designs or alternative measures for erosion control that you propose.
6. Other documentation that you feel important for your case.

I/We the undersigned hereby certify that the information presented on this application is true and correct to the best of my/our knowledge. I/we hereby grant permission for staff and Commission members to go upon the above property. I/we further understand that upon the review of the documents submitted, should it be determined that they do not meet the requirements, the application shall not be forwarded to the Commission until the issue(s) have been resolved.

Owner Signature: __________________ Date: ______________

________________________________________ Date: ______________

________________________________________ Date: ______________

________________________________________ Date: ______________

________________________________________ Date: ______________

Agent Signature: __________________ Date: ______________

Applicant Signature: __________________ Date: ______________