



Dinwiddie County Planning and Zoning Department
P. O. Drawer 70
Dinwiddie, Virginia 23841
(804) 469-4500 ext. 2117 (804) 469-5322 /fax

Small Cell Facility Application
Information must be typed or printed and completed in full.
Attach additional pages where necessary.

1)	LAND USE INFORMATION	
Description of Request: _____ _____		
Existing Zoning: _____ Existing Acreage: _____		
2)	APPLICANT/AGENT INFORMATION	
Applicant(s): _____ Home/Cell# _____		
Address: _____ Work# _____		
Agent(s): _____ Home/Cell# _____		
Address: _____ Work# _____		
<input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Other: _____		
3)	PROPERTY OWNER INFORMATION	
Property Owner's Name and address		Property Owner's Name and address
_____		_____
_____		_____
_____		_____
Property Tax Parcel Number: _____		
Please use Attachment "A" for additional Property Owner's and their addresses		

1.Explain fully the proposed use, type of development, operation program, reason for this request, etc.:

2.State how this request will not be materially detrimental to adjacent property, the surrounding neighborhood or county in general. Include, where applicable, information concerning: Use of public utilities; effect of request on public schools; effect on traffic, to include means of access to nearest public road; effect on existing and future area development; etc.:

3.List case numbers and explain any existing use permit, special exception, conditional use or variance previously granted on the parcels in question:

4.The required fee must accompany this application. It is \$100 each for up to five small cell facilities and \$50 for each additional small cell facility. Checks must be made payable to: "Treasurer, County of Dinwiddie".

5.Enclosed with the application, a copy of the appropriate county tax map with the property marked (provided at pre-application conference) and, if available, a surveyed plat of the entire parcel.

6.Enclose with this application any required plans or plats (plans must be folded).

7.I/We hereby certify that to the best of my/our knowledge all the above statements and the statements contained in any exhibits transmitted are true and that the adjacent property owners listed herewith are the owners of record as of the date of the application:

Date: _____, 20_____

SIGNATURE OF AGENT _____
(This is the person who is acting for the property owner and responsible for this application)

AGENT'S NAME _____
(Typed or printed)

SIGNATURE OF APPLICANT _____
(Same name as used in Item 2, Page 1)

APPLICANT'S NAME _____
(Typed or printed)

I authorize you, the merchant, to initiate an electronic debit to my account for the amount rendered on this check plus the legal limit returned check fee if the item is dishonored. The use of a check for payment is my acceptance of this policy. Signature _____

