



Board of Supervisors of Northampton County
P.O. Box 66 • Eastville, Virginia 23347

Katherine H. Nunez
County Administrator

PHONE: 757-678-0440
FAX: 757-678-0483

BOARD OF SUPERVISORS
Larry LeMond, Chairman
Richard L. Hubbard, Vice Chairman
Oliver H. Bennett
Granville F. Hogg, Jr.
Laurence J. Trala

June 16, 2014

Mr. David Martin Lindsey, President
The Unalienable Rights Foundation
P O Box 65002
Virginia Beach, VA 23467-5002

Dear Mr. Lindsey:

I am in receipt of your Freedom of Information Act request (dated June 13, 2014), provided via personal delivery to the Chairman of the Northampton County Board of Supervisors at his work location on June 13, 2014, and provide the following information in response to the questions as outlined below:

1. All policies and procedures that are followed by Northampton County Virginia in its process of considering and approving an application for zoning or rezoning to include,

- a. All Commonwealth Code authority**
- b. All Attorney General opinions**
- c. All Court decisions**

Statutes, Attorney General Opinions and court decisions are not public records as contemplated by the Freedom of Information Act but are widely and freely available to all interested parties. To the extent that the request is for legal advice that may have been provided, such information is exempt from disclosure pursuant to Code of Virginia §2.2-3705.1.

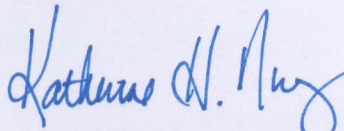
2. Application for the Comprehensive Plan change which you have termed/labeled/or classified as "Zoning Ordinance Revision" (Minutes Jan 14, 2014 BOS meeting)

There is no such document. Applications for Zoning Map Amendment 2014-01 and Zoning Text Amendment 2014-01 are enclosed.

An invoice reflecting copy costs and staff time is enclosed.

If you have any further questions, please advise.

Sincerely yours,



KATHERINE H. NUNEZ
County Administrator

Enclosures

Cc: Board of Supervisors

INVOICE

To: The Unalienable Rights Foundation
From: County of Northampton
Date: June 16, 2014
For: Copy & Staff Costs Related to
FOIA Response – June 13, 2014 Request

Staff Time:

1 hours @ \$31.99/hour	\$ 31.99
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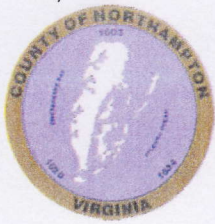
Copies:

Black-and-white @ \$0.02 ea =	0 pages =	\$.00
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Color @ \$0.13 ea =	10 pages =	\$ <u>1.30</u>
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<u>Total Costs</u>	\$ 33.29
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Please make check payable to: Northampton County Treasurer
And remit to: County Administrator's Office, P O Box 66, Eastville, VA 23347



ZONING APPLICATION

Northampton County Department of Planning and Zoning

7247 Young Street P. O. Box 538

Machipongo, VA 23405

(757) 678-0443 Phone (757) 678-0483 Fax

www.co.northampton.va.us

NORTHAMPTON
COUNTY, VIRGINIA



THIS FORM FOR OFFICE USE ONLY

Owner ALL LANDS WITHIN NHCO
Applicant NHCO BOS
Agent KATIE NUNEZ, COUNTY ADMIN
Tax Map# ALL PRN# ALL
Zoning ALL Date Received 1/15/2014

Required Zoning Approvals

Type	New World Tracking Number	Required	Action	Date	Expiration
Zoning Clearance (ZC)					
Special Use Permit (SUP)					
Reserve Sewage Disposal Area Waiver (R WAV)					
Deviation from Minimum Separation Distances (DEV)					
Engineered Site Plan Plan of Development (ESP POD)					
Plan of Development (POD)					
Water Quality Impact Assessment Major and Minor (WQIA)					
Buffer Waiver (B WAV)					
Buffer Exception (B EX)					
Variance (VAR)					
Sign (SIGN)					
Plat (PLAT)					
Zoning Map Amendment (ZMA)					
Zoning Text Amendment (ZTA)	<u>ZTA 2014-01</u>	<u>X</u>			
Appeal (APPEAL)					
Wetlands / Dune (VMRC)					
Agricultural and Forestal District (AFD)					

Zoning Administrator Review and Action

1. Has the applicant provided the required application and checklist information for each of the checked items above?

☒ Yes ☐ No

If no, the applicant must be provided with a detailed list specifying the information that must be submitted to be completed the application and shall not be deemed complete.

2. This application is deemed complete by the Zoning Administrator and shall be forwarded if required to the appropriate agent, commission and / or board.

Melissa L. Bugard-Jellam 2/7/2014
Zoning Administrator Signature Date

3. Does the application require a site inspection by the Zoning Inspector to verify setbacks, buffer and / or other site conditions?

☐ Yes ☒ No

If yes, the signature below verifies that the Zoning inspector has completed a site inspection, the date of the inspection and the findings from the inspection.

N/A
Zoning Inspector Signature Date

Findings: N/A

4. Is VDOT approval required?

☐ Yes ☒ No

Is VDH permit for the well and / or septic required?

☐ Yes ☒ No

Is VDH required to approve the adequacy of the well and / or septic for the proposed uses?

☐ Yes ☒ No

Is a WQIA required?

☐ Yes ☒ No

Is a Mitigation Plan required?

☐ Yes ☒ No

Is a letter confirming the non-tidal wetlands delineation required from the Army Corps?

☐ Yes ☒ No

Is a shoreline setback required?

☐ Yes ☒ No

Has the placement of any buildings or structures been approved with a modification?

☐ Yes ☒ No

Any questions above that have been answered with a "yes", the appropriate documentation must be attached before approval of the zoning application.



ZONING APPLICATION

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16404 Courthouse Road P. O. Box 538

Eastville, VA 23347

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Zoning application is required when a project intends to change, add or expand the current use of a property and / or to construct or enlarge a building or structure. All applications submitted must include a zoning application Sections A through D, a completed Zoning Clearance checklist and the appropriate fee. Additional application form sections and checklists may be required for your specific project. Continue to follow instructions for each section and complete each section that applies to your project. Consult with County staff if necessary to determine which application sections and checklists are required for your specific project.

Section A – Owner information must be completed by the current owner of record.

1. Owner (print): N/A
2. Mailing address: _____
3. Phone# (h): _____ (o): _____ (c): _____ (f): _____
4. Email: _____
5. I attest that all statements, documents, plans, and other supporting data relative to this application and submitted herewith are true to the best of my knowledge and belief. I give my permission for this application to be submitted and I give my permission for the applicant and / or agent, if any is listed below, to represent my interests as the authorized applicant and / or agent in all matters specific to this application.

Signature of owner _____

Date _____

Section B – Applicant information must be completed if the person(s) submitting the application is not the current owner of record and that person will be representing the owner's interests in all matters specific to this application. Examples of an applicant are a consultant, person with power of attorney, a lease holder or renter and contract purchaser. **If the owner and applicant are the same, do not complete Section B.**

1. Applicant if different from owner (print): Northampton County Board of Supervisors
2. Mailing address: P. O. Box 66 Eastville, VA 23347
3. Phone# (h): _____ (o): 757-678-0440 (c): _____ (f): _____
4. Email: knunez@co.northampton.va.us
5. I attest that all statements, documents, plans, and other supporting data relative to this application and submitted herewith are true to the best of my knowledge and belief.

Katherine H. Nunez, County Administrator on behalf of the Bd. of Supervisors

Signature of applicant if different from owner _____

Date 1/14/2014

Section C – Agent information must be completed if the licensed professional submitting the application is not the current owner of record and that person(s) will be representing the owner's interests in all matters specific to this application. Examples of an agent are a real estate agent, surveyor, engineer, landscape architect, soil evaluator and attorney.

1. Agent name (print): _____
2. Company name: _____
3. Mailing address: _____
4. Phone# (h): _____ (o): _____ (c): _____ (f): _____
5. Email: _____
6. I attest that all statements, documents, plans, and other supporting data relative to this application and submitted herewith are true to the best of my knowledge and belief.

Signature of agent _____

Date _____

Section D – Zoning Clearance / Special Use Permit must be completed for all applications along with the Zoning Clearance checklist. If your project involves a Special Use Permit, which can be determined by viewing Appendix A of the Northampton County Zoning Ordinance, you must also complete the Special Use Permit checklist. Continue to follow instructions for each section and complete each section that applies to your project.

1. List the 911 address of the subject property(ies).

N/A

2. What is the area of the lot(s) in square feet if less than one acre and in acres if greater than one acre?

N/A

3. Describe all the proposed uses to be changed, added or expanded as part of this project.

N/A

4. What are the uses, heights (ft.), building coverage (sq. ft.) and total building areas (sq. ft.) of each proposed building or structure to be constructed or enlarged as part of this project?

N/A

5. Describe how the subject property(ies) is currently being used.

N/A

6. What are the uses, heights (ft.), building coverage (sq. ft.) and total building areas (sq. ft.) of each existing building or structure located on the property(ies)?

N/A

7. I, N/A (print name), am aware that the following improvements associated with the proposed project may be required to comply with State regulations before and / or in conjunction with the approval of this zoning application: (1) entrances onto a State maintained road must meet the current Virginia Department of Transportation standards; (2) the septic system and water supply must meet the current Virginia Department of Health Department standards for all uses on the subject property; (3) all food service establishments (restaurants) must be permitted by the Virginia Department of Health; (4) all food manufacturing business must be registered and inspected by the Virginia Department of Agricultural and Consumer Services; and (5) building(s) and structure(s) must meet current Building Codes as determined by the NHCO Building Official. I will provide copies of documents which establish the approval and / or permitting of any required improvements to the NHCO Planning and Zoning Department. I will be responsible for the installation and cost of bonding of these improvements if required before a certificate of completion and / or certificate of occupancy will be issued or final inspection completed.

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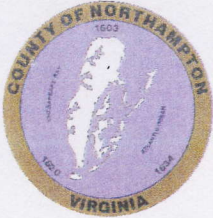
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Signature of owner

Date

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11/14/2014

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Signature

Date

Section N – Zoning Map Amendment must be completed by anyone seeking to change the current zoning district of a property(ies). Complete the Zoning Map Amendment checklist.

1. Has a zoning map amendment been filed for this property(s) within the last year?

☐ Yes ☒ No

If yes, please provide the date: _____

2. Tax map number

Existing zoning district

Proposed zoning district

See maps enclosed in file.

1. Detail the proposed zoning text amendments. Include associated section references as well as appendices.

See information enclosed in file.

Please attach additional sheets if necessary for complete description of proposed zoning text amendment.