



Preliminary Review Meeting Request Form

Rezoning/Provisional Use Permits

County of Henrico, Virginia

4301 E. Parham Road, Henrico, Virginia 23228

Henrico Planning Web Site: www.henrico.us/planning

Mailing Address: Planning Department, P.O. Box 90775, Henrico, VA 23273-0775

Phone (804) 501-4602

Facsimile (804) 501-4379

1. Contact Person:

Name:		Address:	
Telephone:	Fax:	Email:	

Relation to subject property: Owner Contract Purchaser Other: _____

2. Subject Property Description:

Location: (Describe in relation to nearest intersection)		
Address: (if applicable)	Existing Zoning:	Acreage:
GPIN(s):		Property Owner(s):
Existing Use: (If proposal is commercial/office redevelopment – please include square footage and specific use of existing buildings)		

3. Provisional Use Permits (PUPs) and Amendment to Proffers

For Provisional Use Permit: (List applicable County Code Sections):
Proposed Proffer Amendment: (List applicable proffers and rezoning case number):

For Regular Rezoning, PUP or Amendment to Proffer requests, completion of Section 4.B. is not mandatory UNLESS the request increases existing square footage or adds additional uses (i.e. adding fuel pumps) or number of units. For Regular Rezoning applications, uses permitted within the proposed district with the highest traffic trip generation will be assumed.

4. Description of Proposed Development and Uses: *The requested information below MUST be submitted*

A. Proposed Zoning Districts (Please list proposed zoning districts and acreage of each District below):
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B. Proposed Uses (check all that applies):

<input type="checkbox"/> Residential Total Single Family # of Units: _____ Total Multi-Family # of Units: _____ <input type="checkbox"/> Commercial Use _____ S.F. _____ Use _____ S.F. _____ Use _____ S.F. _____	<input type="checkbox"/> Mixed Use (Residential and commercial uses within same building) Total # of Units: _____ Commercial uses Use _____ S.F. _____ Use _____ S.F. _____ Use _____ S.F. _____
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Meeting was held with
Tommy Branin & Melissa Thornton

5. Requested Meeting Date & Time _____ Staff Signature: _____