

Reviewed By _____ Case # _____
Amount of Fee _____ Receipt # _____
Date and Time Received _____
Pre-Application Meeting _____

LAND USE AMENDMENT APPLICATION

County of Louisa, Virginia

The following information shall be typed or printed and completed in full. Attach additional pages where necessary.

1. IDENTIFICATION OF REQUEST:

- A: REZONING: From _____ () to _____ ()
B: CONDITIONAL USE: 199-foot Wireless Communications Facility
in an A-2 Agricultural District
C: TEMPORARY CONDITIONAL USE: _____
D: VARIANCE: _____
E: PROFFER AMENDMENT: _____
F: COMP PLAN AMENDMENT: _____
G: SPECIAL EXCEPTION: _____

2. APPLICANT, PROPERTY OWNER, AGENT

- A: NAME OF APPLICANT: Arcola Towers LLC
If a corporation, name of agent: _____
B: MAILING ADDRESS: 112 Washington St #201, Middleburg, VA 20117

Telephone # _____
C: NAME OF PRESENT OWNER OF PROPERTY ON WHICH THIS REQUEST WILL OCCUR:
Clarence N. & Evelyn J. Washington
D: MAILING ADDRESS: 3400 Melwood Rd, Upper Marlboro, MD 20772

Telephone # _____

If the applicant is not the owner of the property in question, explain: Arcola Towers LLC is the leaseholder of the leased area that will contain the wireless communications facility

A copy of pending contract or option agreement shall be attached hereto and made a part of this application.

E. NAME OF PERSON TO BE NOTIFIED IN ADDITION TO THE APPLICANT AND/OR
PROPERTY OWNER: Stuart P. Squier, AICP

F. ADDRESS: 513 Stewart St, Suite E, Charlottesville, VA 22902
Telephone #: 804-901-7433

3. **LOCATION OF PROPERTY** (Assistance will be given in obtaining the following information upon request).

A. VOTING DISTRICT 302 - Patrick Henry #2 B. TAX MAP # 56 15
C. SUBDIVISION NAME _____ D. LOT/PARCEL# _____
E. PROPERTY LOCATION 79 Charles Lane, Louisa, VA 23093

F. IS PARCEL UNDER LAND USE TAXATION PROGRAM? _____ YES _____ NO

4. **EXPLAIN FULLY THE PROPOSED USE, TYPE OF DEVELOPMENT, OPERATION PROGRAM, ETC., AND THE REASON OF THIS REQUEST:**

Arcola Towers is proposing a 199-foot overall height wireless communications facility including Verizon antennas and base station equipment enclosed in a 50'x50' fenced compound. The facility will improve communications coverage and capacity in the area.

(Attach applicable plans, renderings, elevations, photographs.)

5. **STATE HOW THIS REQUEST WILL NOT BE MATERIALLY DETRIMENTAL TO ADJACENT PROPERTY, THE SURROUNDING NEIGHBORHOOD OR THE COUNTY IN GENERAL. INCLUDE, WHERE APPLICABLE, INFORMATION CONCERNING: USE OF PUBLIC UTILITIES; EFFECT OF REQUEST ON PUBLIC SCHOOLS; EFFECT ON TRAFFIC—INCLUDE MEANS OF ACCESS TO THE NEAREST PUBLIC ROAD; EFFECT ON EXISTING AND FUTURE AREA DEVELOPMENT, ETC.**

The proposed facility is unmanned and, once constructed, will not generate any traffic except monthly visits by a technician. It will not be lighted due to it's height. It will not produce any sounds except for a sound-attenuated emergency backup power generator that runs in the case of power loss. It will not produce any smells. The visual impact of the facility will be mitigated by mature tree screening at the base.

6. **EXPLAIN ANY EXISTING USE PERMIT, SPECIAL EXCEPTION, (Prior) CONDITIONAL USE PERMIT, TEMPORARY CONDITIONAL USE PERMIT OR VARIANCE**

PREVIOUSLY GRANTED ON THE PARCEL IN QUESTION:
N/A

7. INDICATE THE FOLLOWING WITH RESPECT TO THE SUBJECT PARCEL:

- A. EXISTING LAND USE(S): Vacant / wooded
- B. EXISTING STRUCTURE(S): N/A
- C. EXISTING ZONING: A2
- D. ACREAGE OF REQUEST: 0.5 acres
- E. UTILITIES: N/A
- (Intended use, example: public water and/or sewer; individual well and/or septic tank; other source.)
- F. IS THIS PROJECT IN OR NEAR A PINE PLANTATION? No
- G. IS THIS PROJECT IN AN AG/FORESTAL DISTRICT? No

8. IF REQUESTING A VARIANCE, EXPLAIN THE UNIQUE PHYSICAL HARDSHIP OR EXTRAORDINARY SITUATION THAT IS THE JUSTIFICATION FOR THE VARIANCE:
The applicant is not requesting a variance.

9. GIVE COMPLETE NAMES AND ADDRESSES (INCLUDING ZIP CODES) OF ALL OWNERS ADJACENT, ACROSS THE ROAD OR HIGHWAY FACING THE PROPERTY AND ACROSS ANY RAILROAD RIGHT-OF-WAY, CREEK, OR RIVER FROM SUCH PROPERTY, EVEN IF SUCH PROPERTY LIES IN ANOTHER COUNTY OR TOWN. (THIS INFORMATION MUST BE OBTAINED BY THE APPLICANT).

* PROPERTY OWNER'S NAME: Lemon, Andrew L & Black-Lemon, Pamela M
MAILING ADDRESS: 5490 Jefferson Hwy
Mineral, VA 23116 TAX MAP # 56 13

SUBDIVISION NAME _____ LOT/PARCEL# _____

ACREAGE 8 ZONING A2

* PROPERTY OWNER'S NAME: Anthony, Rebecca L & Chaney, Matthew C
MAILING ADDRESS: 149 Charles Lane
Louisa, VA 23093 TAX MAP # 56 4 1

SUBDIVISION NAME _____ LOT/PARCEL# _____

ACREAGE 1 ZONING A2

* PROPERTY OWNER'S NAME: Sims, CHarles H Jr & Cynthia L
MAILING ADDRESS: PO Box 1512
Louisa, VA 23093 TAX MAP # 56 1 A1
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE 2.173 ZONING A2

* PROPERTY OWNER'S NAME: Trice, Blanche C/O Jonathan Edward Clarke
MAILING ADDRESS: 6505 McLean St
Richmond, VA 23231 TAX MAP # 56 18
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE 9.19 ZONING A2

* PROPERTY OWNER'S NAME: Williams, Patrick O
MAILING ADDRESS: 4823 Rockford Dr
Landover Hills, MD 20784 TAX MAP # 56 4 2
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE 1 ZONING A2

* PROPERTY OWNER'S NAME: Pendleton, Edward Hollis, et als
MAILING ADDRESS: N/A
22936 TAX MAP # _____
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE 0.1 ZONING A2

* PROPERTY OWNER'S NAME: Rock, Crystal & Santaiti, Roger
MAILING ADDRESS: 29 Charles Lane
Louisa, VA 23093 TAX MAP # 56 17
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE 1.9 ZONING A2

* PROPERTY OWNER'S NAME: Sims, Stanley & Mary Catherine
MAILING ADDRESS: 2216 Lawnwood Cir
Baltimore, MD 21207 TAX MAP # 56 1 A3
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE 1.957 ZONING A2

- * PROPERTY OWNER'S NAME: Trice, Jean A & Nicole L
MAILING ADDRESS: 2299 Horseshoe Farm Rd
Louisa, VA 23093 TAX MAP # 56 14
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE 3.01 ZONING A2
- * PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____
_____ TAX MAP # _____
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE _____ ZONING _____
- * PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____
_____ TAX MAP # _____
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE _____ ZONING _____
- * PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____
_____ TAX MAP # _____
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE _____ ZONING _____
- * PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____
_____ TAX MAP # _____
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE _____ ZONING _____
- * PROPERTY OWNER'S NAME: _____
MAILING ADDRESS: _____
_____ TAX MAP # _____
SUBDIVISION NAME: _____ LOT/PARCEL# _____
ACREAGE _____ ZONING _____

*IN ADDITION TO THE STANDARD FEE, AN ADDITIONAL \$50.00 WILL BE CHARGED FOR EACH REQUEST AS A DEPOSIT ON A ZONING SIGN AND WILL BE REFUNDED UPON THE RETURN OF THE SIGN BY THE APPLICANT ONCE THE REQUEST HAS BEEN ACTED UPON.

*THERE WILL BE A \$20.00 FEE CHARGED PER ADJACENT/ADJOINING PROPERTY OWNER FOR NOTIFICATION AND ADVERTISEMENT. THERE WILL ALSO BE AN ADDITIONAL \$250.00, PLUS A \$20.00 FEE CHARGED PER ADJACENT/ADJOINING PROPERTY OWNER FOR RENOTIFICATION AND RE-ADVERTISEMENT EACH TIME AN APPLICATION IS DELAYED OR POSTPONED AT THE REQUEST OF THE APPLICANT OR NECESSARY DUE TO SOME FAILURE TO ACT ON THE PART OF THE APPLICANT.

11. ENCLOSED WITH THIS APPLICATION IS A SITE PLAN OR TENTATIVE PLAN.
12. ENCLOSED WITH THIS APPLICATION IS THE APPROPRIATE COUNTY TAX MAP WITH THE PROPERTY MARKED AND A SURVEYED PLAT OF THE ENTIRE PARCEL.

13. I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ANY EXHIBITS TRANSMITTED ARE TRUE AND THAT THE ADJACENT PROPERTY OWNERS LIST HEREWITH ARE THE OWNERS OF RECORD AS OF THE DATE OF APPLICATION.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. ANY REQUEST WHICH REQUIRES PLANS MUST BE ACCOMPANIED BY THOSE PLANS AT THE TIME OF SUBMISSION OF THE APPLICATION.

DATE: October 3, 2024.

Ryan Foltz
SIGNATURE OF APPLICANT
(Same Name as Used in Item 2-A, Page 1)

Ryan Foltz
APPLICANT'S NAME
(Typed or Printed)

Clarence N + Evelyn J Washington
SIGNATURE OF OWNER
(Same Name as Used in Item 2-C, Page 1)

Clarence N & Evelyn J Washington
OWNER'S NAME
(Typed or Printed)

Stuart P. Squier
SIGNATURE OF AGENT
(Name of Person Other Than, but Acting for the Applicant, Responsible for this Application)

Stuart P. Squier, AICP
AGENT'S NAME
(Typed or Printed)

NOTICE TO TEMPORARY CONDITIONAL USE PERMIT APPLICANTS

In accordance with Section 86-22. of the Louisa County Zoning Ordinance, any Temporary Conditional Use Permit granted shall be considered canceled if the applicant does not avail himself/herself of the privilege within ninety (90) days from the date of issuance of the Temporary Conditional Use Permit.