

Reviewer: DJ Case # VAR2025-07
Fee Rcv'd: _____ Rpt # _____
Date & Time Rcv'd: 8/29/2025
Pre-App Meeting: _____

LAND USE AMENDMENT APPLICATION

Board of Supervisors of Louisa County, 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: _____
- C: TEMPORARY CONDITIONAL USE: _____
- ☒ D: VARIANCE: Storage Building Set Back
- E: PROFFER AMENDMENT: _____
- F: COMP PLAN AMENDMENT: _____
- G: COMP PLAN REVIEW FOR CONFORMANCE: _____
- H: SPECIAL EXCEPTION: _____

2. APPLICANT, PROPERTY OWNER, AGENT

- A. NAME OF APPLICANT: Garry + Darlene Johnson
If a corporation, name of agent: _____
- B: MAILING ADDRESS: 14201 Jefferson Hwy, Bumpass VA 23024
Telephone # 443.952.0730
- C: NAME OF PRESENT OWNER OF PROPERTY ON WHICH THIS REQUEST WILL OCCUR:
Same
- D. MAILING ADDRESS: _____
Same Telephone # Same

If the applicant is not the owner of the property in question, explain: _____

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: _____

F. ADDRESS: _____
Telephone #: _____

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

A. VOTING DISTRICT Jackson B. TAX MAP # 92(2)-1A

C. SUBDIVISION NAME _____ D. LOT/PARCEL# _____

E. PROPERTY LOCATION 14281 Jefferson Hwy, Bumpass VA 23024

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:**

Existing storage building; storage building directly behind would need to be torn down; electrical wires directly behind existing building

(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.**

farmland surrounding property, wooded lot directly across Rt 33

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:**

none

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

- A. EXISTING LAND USE(S): Single-family home
- B. EXISTING STRUCTURE(S): 2 smaller storage sheds, new storage bldg
- C. EXISTING ZONING: A2
- D. ACREAGE OF REQUEST: 3.04
- E. UTILITIES: Well, septic
(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:

Storage building directly behind new structure would need to be torn down, electrical wires run thru property directly behind building

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: Clarence Borden Jr
MAILING ADDRESS: 14256 Jefferson Hwy, Bumpass VA 23024
TAX MAP # _____

SUBDIVISION NAME _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: Ryle + Kendra Hayden
MAILING ADDRESS: 356 Wickham Rd, Bumpass VA 23024
TAX MAP # _____

SUBDIVISION NAME _____ LOT/PARCEL# _____

ACREAGE _____ ZONING _____

* PROPERTY OWNER'S NAME: Vicki Stanley Beckley
MAILING ADDRESS: 737 Windy Knight Rd, Montpelier VA 23192
TAX MAP # _____

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

* PROPERTY OWNER'S NAME: _____

MAILING ADDRESS:

TAX MAP #

SUBDIVISION NAME: LOT/PARCEL#

ACREAGE

* 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: _____		
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SUBDIVISION NAME: _____		LOT/PARCEL# _____
ACREAGE _____	ZONING _____	
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MAILING ADDRESS: _____		
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SUBDIVISION NAME: _____		LOT/PARCEL# _____
ACREAGE _____	ZONING _____	
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MAILING ADDRESS: _____		
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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 _____

**10. HERewith IS DEPOSITED THE FEE REQUIRED. CHECKS OR MONEY ORDERS
MADE PAYABLE TO TREASURER, COUNTY OF LOUISA.**

A. REZONING	Tiered System
B. CONDITIONAL USE PERMIT	Tiered System
C. TEMPORARY CONDITIONAL USE PERMIT	\$325.00*
Temporary Housing*	
Extension or Amendment*	
Other*	
D. VARIANCE	\$1,250.00*
E. PROFFER AMENDMENT	\$1,500.00*
F. COMP PLAN AMENDMENT	\$650.00*

*IN ADDITION TO THE STANDARD FEE, AN ADDITIONAL \$75.00 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 \$25.00 FEE CHARGED PER ADJACENT/ADJOINING PROPERTY OWNER FOR NOTIFICATION AND ADVERTISEMENT. THERE WILL ALSO BE A RE-ADVERTISEMENT FEE 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, PLUS A \$25.00 FEE CHARGED PER ADJACENT/ADJOINING PROPERTY OWNER FOR RENOTIFICATION.

*THERE IS AN ADDITIONAL CHARGE FOR PUBLIC NOTICE ADVERTISEMENT.

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: August 27, 2025.

Darlene Johnson
Garry W Johnson

SIGNATURE OF APPLICANT

(Same Name as Used in Item 2-A, Page 1)

Darlene Johnson
Garry W Johnson

SIGNATURE OF OWNER

(Same Name as Used in Item 2-C, Page 1)

Darlene Johnson
Garry W Johnson

APPLICANT'S NAME

(Typed or Printed)

Darlene Johnson
Garry W Johnson

OWNER'S NAME

(Typed or Printed)

SIGNATURE OF AGENT

(Name of Person Other Than, but Acting for the
Applicant, Responsible for this Application)

AGENT'S NAME

(Typed or Printed)

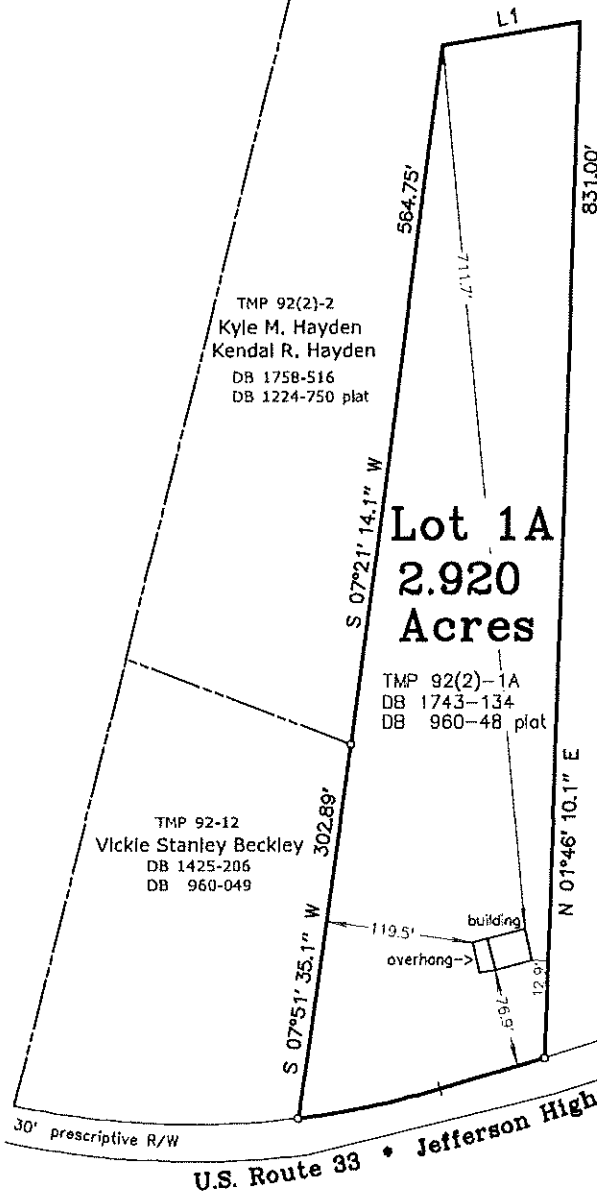
NOTICE TO TEMPORARY CONDITIONAL USE PERMIT APPLICANTS

In accordance with Section 86-91, 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.

Virginia Grid North



NAD1983(2011) - 4502 VA South Zone



TMP 92(2)-2
Kyle M. Hayden
Kendal R. Hayden
DB 1758-516
DB 1224-750 plat

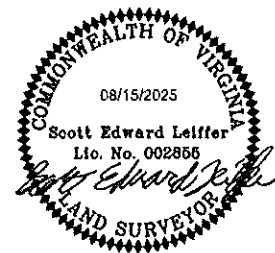
TMP 92(2)-2
Kyle M. Hayden
Kendal R. Hayden
DB 1758-516
DB 1224-750 plat

Lot 1A
2.920
Acres

TMP 92(2)-1A
DB 1743-134
DB 960-48 plat

TMP 92-12
Vickie Stanley Beckley
DB 1425-206
DB 960-049

COURSE TABLE
Bearing Distance
L1: S 80°17'52.1\"/>

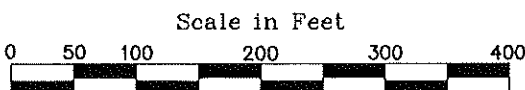


General Notes:
No current title report has been provided.

Boundary shown is based on a current field survey.

—○— denotes rod end unless otherwise stated.

Measurements are shown to the outermost corners of the eaves or overhang.



Job No.: Louisa-1851

[00-SURVEY]LOUISA County Jobs[Louisa-1851]Setback-FND-TMP_92(2)-1A.sc]

Setback Survey
Foundation
TMP 92(2)-1A, 2.920 Acres
Jackson Magisterial District
Louisa County, Virginia
Scale: 1"=100' * 28 July 2025

Bell Land Surveys LLC
PO Box 116, Louisa, VA 23093
(540)967-1514 * bell@bellsurveys.com