

Reviewer: _____ Case # _____
Fee Rcv'd: _____ Rcpt # _____
Date & Time Rcv'd: _____
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: _____

- E: PROFFER AMENDMENT: _____

- F: COMP PLAN AMENDMENT: **To add an appendix to the 2040 Comprehensive Plan for an Electric Transmission Infrastructure and Corridor Policy**
- G: COMP PLAN REVIEW FOR CONFORMANCE: _____

- H: SPECIAL EXCEPTION: _____

2. APPLICANT, PROPERTY OWNER, AGENT

- A. NAME OF APPLICANT: **County of Louisa**
If a corporation, name of agent: **Chris Coon, Deputy County Administrator**
- B: MAILING ADDRESS: **1 Woolfolk Avenue, Suite 201**
Louisa Virginia 23093 Telephone # **540-967-3430**
- C: NAME OF PRESENT OWNER OF PROPERTY ON WHICH THIS REQUEST WILL OCCUR:

- D. MAILING ADDRESS: _____
_____ Telephone # _____

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: Louisa County Board of Supervisors and Louisa County

Planning Commission

F. ADDRESS: _____
Telephone #: _____

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

A. VOTING DISTRICT N/A B. TAX MAP # N/A

C. SUBDIVISION NAME N/A D. LOT/PARCEL# N/A

E. PROPERTY LOCATION N/A

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

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

Louisa County recognizes the growing regional demand for electric transmission infrastructure to support economic development, energy reliability, and emerging high-demand uses. At the same time, the County places a high priority on preserving its rural character, protecting agricultural and forestal lands, and minimizing impacts to existing communities.

(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.**

N/A

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): N/A
- B. EXISTING STRUCTURE(S): N/A
- C. EXISTING ZONING: N/A
- D. ACREAGE OF REQUEST: N/A
- 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? N/A
- G. IS THIS PROJECT IN AN AG/FORESTAL DISTRICT? N/A

8. IF REQUESTING A VARIANCE, EXPLAIN THE UNIQUE PHYSICAL HARDSHIP OR EXTRAORDINARY SITUATION THAT IS THE JUSTIFICATION FOR THE VARIANCE:
N/A

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: N/A
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 # _____

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: May 5th, 2026.

Chris Coon

SIGNATURE OF APPLICANT

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

Chris Coon

APPLICANT'S NAME

(Typed or Printed)

Chris Coon

SIGNATURE OF OWNER

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

Louisa County

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.