



Pre-application Conference Request Form

801 Crawford Street, Portsmouth, Virginia 23704

www.portsmouthva.gov/planning/

- Notes:**
1. Pre-application conferences are required, prior to submitting any application for zoning map amendments, use permits, variance permits, major subdivisions, and type II development plans. Pre-application conferences are voluntary for all other development review processes and applications.
 2. Pre-application conferences are not binding on the city. Comments made during a pre-application conference do not constitute official assurances or representations by the city or its officials regarding any aspect of the plan or submittal.
 3. Staff cannot guarantee that all relevant issues will be discussed or that initial staff reactions will reflect the ultimate staff recommendations.

1. General Project Information

Project Address:	<input type="text"/>	Lot Area/Acreage:	<input type="text"/>
Tax Parcel Identification Number:	<input type="text"/>	Zoning District:	<input type="text"/>
Located in a D1 or D2 District?	<input type="checkbox"/> D1 Downtown	<input type="checkbox"/> D2 Uptown	
Located in a Historic District?	<input type="checkbox"/> Olde Towne	<input type="checkbox"/> Port Norfolk	<input type="checkbox"/> Park View <input type="checkbox"/> Cradock <input type="checkbox"/> Truxtun

2. Written Description of the Proposed Project

A) Provide a written description of the proposed project and/or activities. If the conference is related to a variance request or a type II development plan, please describe the need for an amount of deviation from adopted city standards.

B) Provide a written description of any existing or potential proffers or conditions that will be associated with the application, if applicable.

3. Primary Point of Contact Information for the Pre-application Conference

Primary Point of Contact Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>	Fax No.:	<input type="text"/>
Phone No.:	<input type="text"/>	Email:	<input type="text"/>

4. Property Owner Information *(if different from the primary point of contact)*

Property Owner Contact Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>	Fax No.:	<input type="text"/>
Phone No.:	<input type="text"/>	Email:	<input type="text"/>
Property Owner or Authorized Signature:	<input type="text"/>		Date Signed:

5. Compensating Community Benefits

If you anticipate that the application will include compensating community benefits (Type II Development Plans), please check all benefits that will be included in the proposed actions:

- Architectural design that exceeds any minimum standards established in this Ordinance, or any other city ordinances and the Code of Ordinances
- Site design incorporating principles of new urbanism and traditional neighborhood development;
- Provision of environmentally-sustainable and energy-efficient building design;
- Provision of one or more green building incentives (See Section 40.1-5.8 of the zoning ordinance.)
- Provision of passive or active open space and related improvements, beyond the open space set-aside standards of this Ordinance (See Section 40.1-5.4 of the zoning ordinance.)
- Permanent protection of scenic views or access to waterfront areas
- Public parks and recreational facilities
- Public trails and trail linkages
- Cultural or historic facilities deeded to the city or qualified not-for-profit agencies
- Other public benefits found to be appropriate by the Planning Commission

6. Submittal Requirement Checklist

- Pre-application Conference Request Form
- Application fee as established in the Portsmouth Fee Schedule identified in Appendix D of the Portsmouth Development Procedures Manual
- Vicinity map (at a scale of 1" = 200' or less), if the proposal is associated with a particular lot or site
- Any additional information determined to be necessary by the Planning Department
- Sketch Plan** - Pre-application conferences associated with a use permit, type II development plan, major subdivision, or zoning map amendment with proffers require submittal of a sketch plan, with the following features:
 - Lot or site boundaries and easements, as depicted on a survey (prepared by a licensed surveyor or engineer) or a copy of a current, valid plat
 - Approximate location of significant natural resources, like streams, wetlands, shorelines, or specimen trees, and topographic contours
 - General location of existing and proposed stormwater facilities
 - General location of existing street and sidewalk networks, as well as any proposed changes
 - Approximate location of existing and proposed buildings, if applicable
 - Approximate location of existing and proposed off-street parking areas and accessways, if applicable
 - Approximation of proposed building footprint(s)
 - Sketch, diagram, or photographic example of front building elevations if the application includes a multi-family, commercial, or mixed-use building
 - Approximate location of perimeter buffers, if applicable
 - Existing or proposed location of development entry sign, if applicable



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Master Development Application Form

www.portsmouthva.gov/planning/

- Notes:**
1. All applications require the submission of this Master Development Application Form and the submission of a Specific Procedure Review Form for the proposed activity. Only one Master Development Application Form is required for each project, regardless of the number of actions, permits, or reviews required.
 2. No action will take place, nor will the request be placed on any agenda, if staff determines that the application is not complete.
 3. No application will be processed while violations exist on the property or if there are outstanding fines, taxes, liens, or other fees are owed to the City of Portsmouth.
 4. A Certificate of Appropriateness is required prior to any activity in the D1 Downtown District or any Historic District (i.e., Olde Towne, Port Norfolk, Park View, Cradock, or Truxtun). See staff prior to application. A Certificate of Compliance (D2) is required prior to any activity in the D2 Uptown District (Form-Based Code).

1. General Project Information

Project Address:	
Tax Parcel Identification Number:	
Lot Area (in square feet):	
Zoning District:	

2. Proposed Activity – Please check all that apply

(PC) = A preapplication conference must be completed prior to submission of the Master Development Application Form.

Proposed Use:	
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Check all permits or reviews that apply:

<input type="checkbox"/> Zoning Verification Request	<input type="checkbox"/> Use Permit (PC)	<input type="checkbox"/> Variance Permit (PC)
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Compliance Permit	<input type="checkbox"/> Zoning Compliance Permit (Signs)
<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> Zoning Map Amendment (PC)
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Type I Development Plan	<input type="checkbox"/> Minor Subdivision
<input type="checkbox"/> Certificate of Compliance (D2)	<input type="checkbox"/> Type II Development Plan (PC)	<input type="checkbox"/> Major Subdivision (PC)
<input type="checkbox"/> Wetland Permit	<input type="checkbox"/> Interpretation Request	<input type="checkbox"/> Subdivision Exception
<input type="checkbox"/> Flood Plain Certificate	<input type="checkbox"/> Land Disturbance Permit	<input type="checkbox"/> Encroachment
<input type="checkbox"/> Street Closure	<input type="checkbox"/> Chesapeake Bay Exception	
<input type="checkbox"/> Appeals	<input type="checkbox"/> Administrative Adjustment or Alternative Form of Compliance	

3. Primary Point of Contact Information

Please circle the preferred method of contact (mail, telephone, fax, or e-mail)

Primary Point of Contact Name:	
Mailing Address:	
Phone No.:	Fax No.:
Email:	

4. Property Owner Information (if different from the primary point of contact)
The property owner must sign a property owner consent box (See item number 5 on the following page.).

Property Owner Contact Name:			
Mailing Address:			
Phone No.:		Fax No.:	
Email:			

5. Property Owner(s) Consent

Project Address:			
Tax Parcel Identification Number:			

The names, addresses, telephone numbers, and signatures of all owners of the property are required. Please attach additional sheets as needed. If a legal representative signs for a property owner, please attach an executed power of attorney. Faxed or photocopied signatures will not be accepted.

By signing this application below, I, as the owner of the property under review, give my endorsement of this application.

Property Owner or Authorized Signature:	Date Signed:
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If a business entity owns the property, the following is the name and title of the individual authorized to sign, as the property owner above, for such business entity.

Name of Person Authorized to Sign:			
Title of Person Authorized to Sign:			
Mailing Address:			
Phone No.:			

6. Applicant's Signature

By signing this application below, I hereby attest to the truth and accuracy of all facts and information presented with this application.

Applicant's Signature:	Date Signed:
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OFFICE USE ONLY	Project Number (Tidemark):
Received By:	Received Date:
Accepted as Complete By:	Accepted Date: