

Date & Time Received:

Staff Signature:

VDOT Cover Sheet (Chapter 527) for Rezoning Applications 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

Received by (VDOT):

Check # (VDOT fee):

Facsimile (804) 501-4379

1.	1. Contact Information				
	Developer/Applicant Name:		Address:		
	Telephone:	Fax:	Email:		
	Relation to Subject Property: Owner Contract P		urchaser Other (please explain):		
	County Staff Contact:	Telephone:	Email:		
2.	ite Information				
	Location: (Describe in relation to nearest intersection) Address: (if applicable)				
GPIN(s): Highway(s) Adjacent to the Site : (if applicable)					
3.	Proposal Summary				
	Development Name:				
	Acreage:		Proposed	d Zoning District(s):	
	Proposed Land Use(s): (including max	roposed Land Use(s): (including maximum number of lots or maximum business square feet)			
_					
4. Land Use Plan Recommendation					
	Land Use Plan Recommendation:	commendation:			
Proposal's Compliance with Recommendation:					
5.	Checklist (Items Required and Enclosed with Submission to VDOT.)				
☐ Concept Plan - Two (2) copies					
	 □ Proffered Conditions (Include 2 copies of the Rezoning Application submitted to Henrico County) □ Traffic Impact Analysis (TIA) – Two (2) copies □ VDOT Fees (Payable to: VDOT. Fee must be submitted directly to VDOT) A fee of \$500 (projects generating less than 100 vehicle trips per peak hour) or \$1,000 (projects generating more than 100 vehicle tips per peak hour) includes a first and second review. Fees for third or subsequent submissions for review are equal to the initial fee paid. 				
County Use Only				VDOT Use Only	

PIV Number:

PC Hearing Date: