



# NORTHUMBERLAND COUNTY LAND USE APPLICATION

Answer all questions. Refer to Appendix A for the checklist to make sure that you have all required information. Please type or print all information in blue or black ink.

**1. Owner/Applicant Information:**

Owners Name: <b>James Robert Caudle JR</b>		Address: <b>P.O. Box 252 Ophelia, VA 22530</b>
Telephone (H): <b>571 264-4073</b>	Telephone (W):	Email:

Applicants Name: <b>Same</b>		Address:
Telephone (H):	Telephone (W):	Email:

Plan Preparer/Authorized Agent: <b>NA</b>		Address:
Telephone (H):	Telephone (W):	Email:

**2. Property Information:**

Tax Parcel #: <b>9A (1) 34</b>		Parcel Physical Address (If applicable): <b>2829 Northumberland Hwy</b>	
Current Zoning: <input type="checkbox"/> C-1 <input checked="" type="checkbox"/> A-1 <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> B-1 <input type="checkbox"/> M-1	Acreage: <b>1</b>	Magisterial District: <b>NL</b>	Date Property Purchased: <b>11-12-24</b>
Are there any structures on the property? <input checked="" type="checkbox"/> Yes (If yes, please describe) <input type="checkbox"/> No: <b>Block Building</b>		Deed Book Page #:	
Board of Supervisor Representative: <b>Richard Haynie</b>		What is the road name or route number on which your property is located? <b>2829 Northumberland Hwy</b>	
Directions to Property: <b>Lottsburg Va across from Eggwets Restaurant</b>			

<b>Office Use Only:</b>		Application #: <b>24-CU-010</b>	
DATE RECEIVED: <b>11-18-24</b>	BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn Meeting Date <b>1-9-25</b>	PAID STAMP: <b>\$11,000</b> <b>NOV 18 2024</b>	TYPE OF APPLICATION / FEE: <input type="checkbox"/> Appeal Decision of Zoning Administrator <input checked="" type="checkbox"/> Conditional Use- \$500 <input type="checkbox"/> Conditional Use Boathouse- \$500 <input type="checkbox"/> Exception to the Bay Act- \$500 <input type="checkbox"/> Subdivision Variance- \$500 <input type="checkbox"/> Zoning Variance- \$500

3. Description of Request:

Type of Request (check one): <input checked="" type="checkbox"/> Conditional Use <input type="checkbox"/> Exception to the Bay Act <input type="checkbox"/> Subdivision Variance <input type="checkbox"/> Zoning Variance
What is the current use? (Use another sheet of paper if more space is needed): <i>Contractor Storage</i>
Describe the proposed use/project (Use another sheet of paper if more space is needed): <i>Small Retail Business Furniture Repair</i>
Have you discussed this request with any State and/or Federal agencies that may require a permit? (Health Department, Virginia Department of Transportation, etc.) <input type="checkbox"/> Yes (If yes, please explain) <input checked="" type="checkbox"/> No
Have you previously applied to or obtained a permit from Northumberland County for any portion of this request or relating to this request? <input type="checkbox"/> Yes (If yes, please explain) <input checked="" type="checkbox"/> No
Has any portion of this request for which you are seeking a permit been completed or commenced? <input type="checkbox"/> Yes (If yes, please explain) <input checked="" type="checkbox"/> No

## ADJOINING PROPERTY OWNERS

Haynie Family, LLC  
P. O. Box 57  
Burgess, VA 22432

Wingspan Properties, LLC  
2816 Northumberland Hwy  
Lottsburg, VA 22511

Vereit Real Estate LP  
11995 Camino Real  
San Diego, CA 92130

5. Signature Page:

This application is submitted true and correct. Applicant agrees that when the permit herein applied for is issued, that all work will be completed as stated and as required by all Northumberland County Ordinances, Virginia State laws, and any other applicable regulations. Failure to comply with any part or terms of this application shall be sufficient cause to revoke any permit issued. This application allows duly authorized representatives of the County to enter upon the premises of the project site at reasonable times for the purpose of inspection.

Signature of Owner(s) James Robert Caudle Jr. Date 11/14/2024

Printed Name(s) James Robert Caudle Jr.

---

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name(s) \_\_\_\_\_

---

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

---

***The applicant and/or a representative shall be present at the hearing or the Boards will not hear the request.***

APPENDIX B  
Conditional Use Additional Information

*Please submit this appendix with your application.*

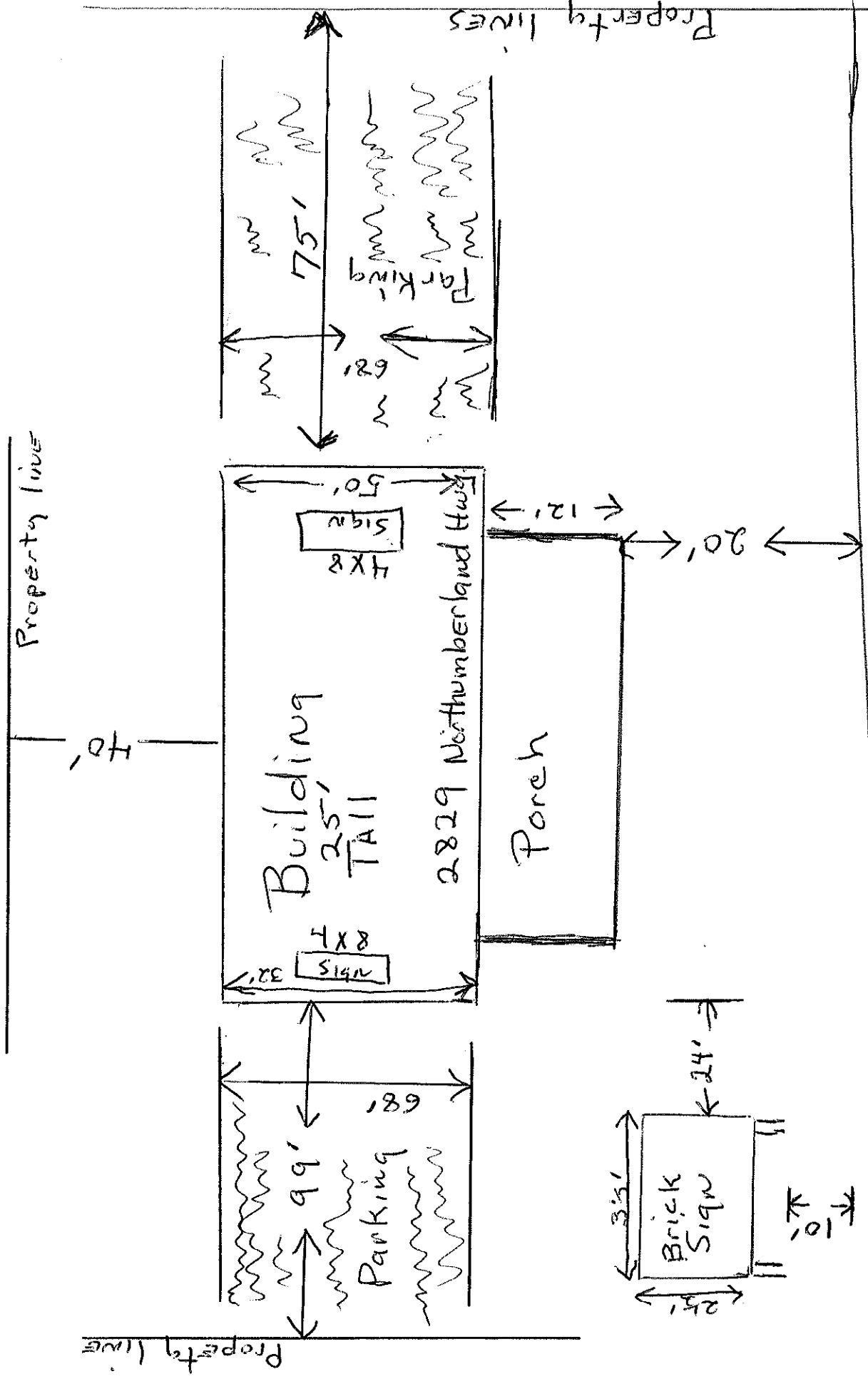
1. Please provide the following setbacks for all proposed structures:

Primary Structure: <i>See site plan.</i>	
Road/Right-of-way _____	Rear Yard _____
Left Side Line _____	Right Side Line _____
Height of Structure _____	
Secondary Structure:	
Road/Right-of-way _____	Rear Yard _____
Left Side Line _____	Right Side Line _____
Height of Structure _____	

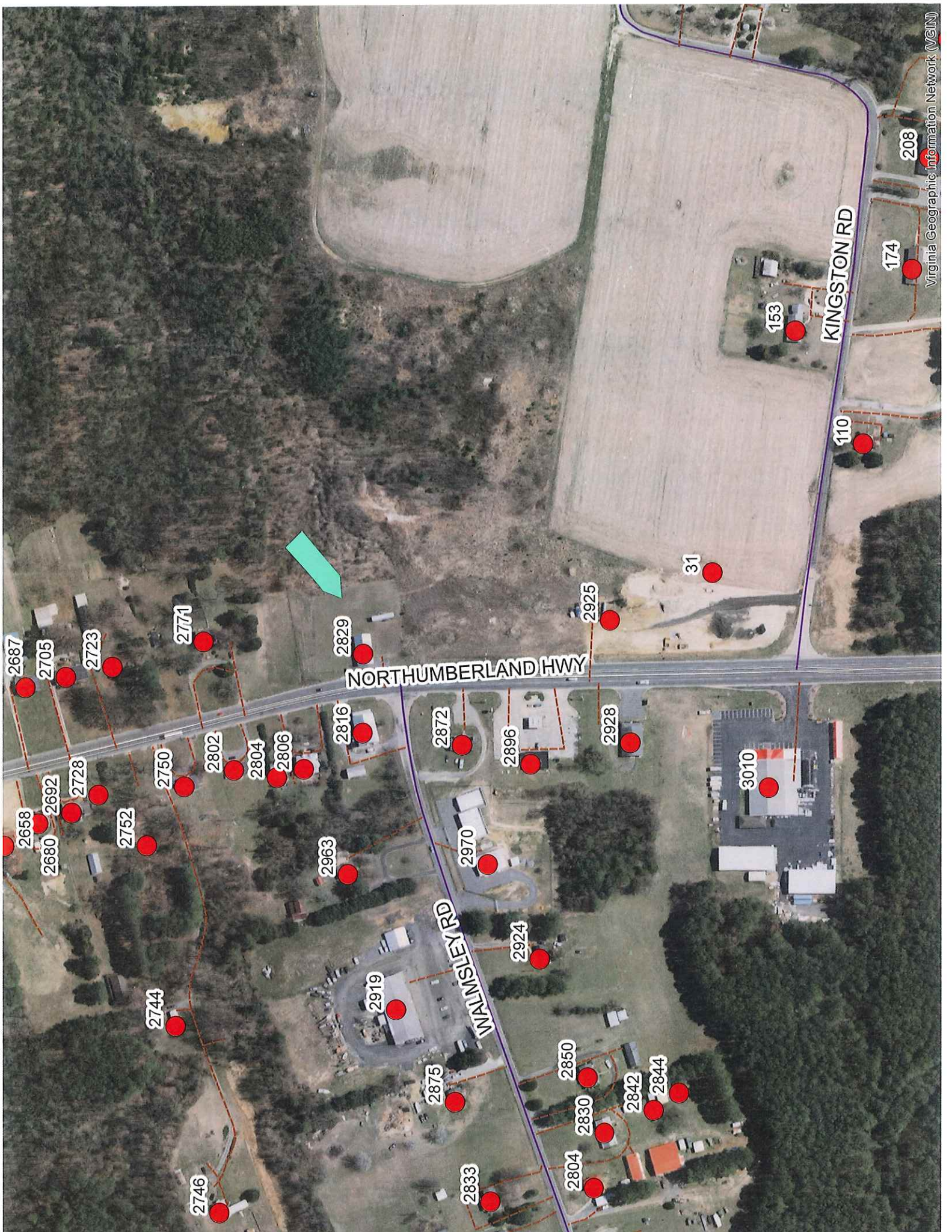
2. Additional Information

Will there be parking on the property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the number of spaces being provided. _____
Will there be any fencing or landscaping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain. <i>ONE already EXIST</i>
Will there be any lighting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please indicate the type and number of lights being used.
Will there be any signs associated with the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the size and number of signs. <i>Sign already THERE, add sign on building</i>
All permits will need to be obtained from the Office of Building & Zoning for signage.

Office Use Only:
Part of application #: <i>24-CU-010</i>
Date Received: <i>11-18-24</i>



Northumberland Hwy



208

174

KINGSTON RD

110

153

31

2925

NORTHUMBERLAND HWY

3010

2928

2896

2872

2816

2806

2804

2802

2750

2752

2728

2692

2680

2658

2687

2705

2723

2771

2829

2970

2970

2924

2963

2919

2875

2850

2842

2844

2830

2804

2833

2744

2746

