



CONDITIONAL USE PERMIT APPLICATION

Charlotte County, Virginia

250 LeGrande Avenue, Suite A, PO Box 608, Charlotte Court House, VA 23923
Phone: 434-542-5117 Fax: 434-542-5248

PROPERTY DESCRIPTION

Tax Map Parcel Number(s): 27-A-26, 27-A-27, 27-A-28, 27-A-29, 27-A-32-C, 27-A-32-B, 27-A-33, 27-A-33-A, 27-A-33-B, 27-A-34-A, 17-1-1-A, 17-1-2, 17-1-2-A, 17-1-3, 17-1-4-C, 17-A-15, 17-A-16, 27-A-12, 27-A-15, 7-A-18, 27-A-19, 27-A-20, 27-A-20-A, 27-A-22, 27-A-23, 27-A-24, 27-A-25, 27-A-54, 27-A-55, 27-A-56, 27-A-58, 27-A-59

Property Address (if an E-911 address has not been assigned, provide directions to site):

From the Charlotte County Court House building travel east on David Bruce Highway (VA 40E/VA-47N) for .7 miles. Continue straight onto VA-709, Union Cemetery Road for .7 miles. Turn left onto Route 658, Welsh Tract Road. After 2.5 miles turn right onto Fox Hollow Lane.

Current Zoning: General Agriculture Proposed Zoning: General Agriculture

Current Use(s): Timber, Agriculture, Electrical transmission right-of-way (Dominion), Railroad right-of-way (Norfolk Southern)

Proposed Use: Solar PV Electrical Generation

Total Lot Area (Acres): 1,775 Does proposed use include entire property? YES NO
If no, how much will be used for proposed use? 1,113 acres within fenced area

APPLICANT

Name: Tall Pines Solar, LLC

Mailing Address: 23955 Novi Rd.

Telephone Number(s): (248) 735-6684

E-mail Address: adganga@novienergy.com

PROPERTY OWNER (If different from applicant)

Name: See Attachment

Mailing Address: See Attachment

Telephone Number(s): See Attachment

E-mail Address: See Attachment

UTILITIES

Water Supply: Public Water _____ Private Well Yes _____
Is water supply New or Existing?
Sewage Disposal: Public Sewer _____ Private Septic N/A _____
Is sewage disposal system New or Existing?

APPLICANT SIGNATURES

As the Applicant, I hereby certify that this application is complete and accurate to the best of my knowledge, and I freely consent to its filing. I authorize Charlotte County officials and other authorized government agents on official business to enter the property as necessary to process this application.

Signature: _____
Printed Name: Anand Gangadharan, Authorized Signatory Date: June 4, 2021

Signature: _____
Printed Name: _____ Date: _____

OWNER SIGNATURES

As the Owner _____ or Owner's Power of Attorney _____, I hereby certify that this application is complete and accurate to the best of my knowledge, and I freely consent to its filing. I authorize Charlotte County officials and other authorized government agents on official business to enter the property as necessary to process this application.

Signature: _____
Printed Name: _____ Date: _____

Signature: _____
Printed Name: _____ Date: _____

Signature: _____
Printed Name: _____ Date: _____

*If there are more than three owners, please contact the County to request an additional signature page. All owners must sign the Conditional Use Permit application.

In accordance with the Charlotte County Zoning Ordinance, additional documents may be required before this application is considered complete. County staff can assist you in determining specific requirements associated with your application.

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Signature: 

Printed Name: Anand Gangadharan, Authorized Signatory Date: June 4, 2021

Signature: _____

Printed Name: _____ Date: _____

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Signature: *Steven J. Feinman*

Printed Name: Steven J. Feinman Date: 4/12/2021

Signature: *Shannon V. Feinman*

Printed Name: Shannon V. Feinman Date: 4/12/2021

Signature: _____

Printed Name: _____ Date: _____

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Signature: Leaton Gregory Vassar
 Printed Name: Leaton Gregory Vassar Date: 4/13/21

Signature: Cheryl Feinman Vassar
 Printed Name: Cheryl Feinman Vassar Date: 4/13/21

Signature: _____
 Printed Name: _____ Date: _____

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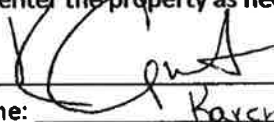
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Signature:  _____
Printed Name: Karen V Goodman Date: 4/12/21

Signature:  _____
Printed Name: Jason M Goodman Date: 4/12/21

Signature: Brenda N. Vassar _____ 4-12-21
Printed Name: Brenda N Vassar Date: 4/12/21

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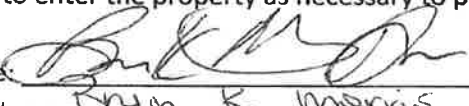
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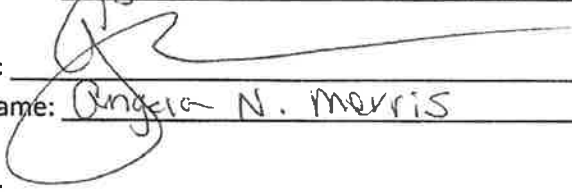
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Signature:  _____
Printed Name: Bryan R. Morris Date: 4/12/21

Signature:  _____
Printed Name: Angela N. Morris Date: 4/12/21

Signature: _____
Printed Name: _____ Date: _____

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Signature: Jerry L. Morris
Printed Name: JERRY L. MORRIS Date: 4-13-21

Signature: Judy W. Morris
Printed Name: Judy W. Morris Date: 4-13-21

Signature: _____
Printed Name: _____ Date: _____

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Signature: Adam Mathis

Printed Name: Adam Mathis Date: 4/13/2021

Signature: Elizabeth Mathis

Printed Name: Elizabeth Mathis Date: 4/13/2021

Signature: _____

Printed Name: _____ Date: _____

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