



# Application for the Creation of or Addition to an Agricultural and Forestal District

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**SECTION A: Please complete this section if requesting the creation of a new district.**

1. General location of the proposed district (include landmarks, such as roads or intersections):

2. Landowners applying for the district:

NAME	ADDRESS (current legal residence)	SIGNATURE	WITNESS

3. Properties proposed to be included in the district:

PROPERTY OWNER NAME	PROPERTY IDENTIFICATION NUMBER (PIN)*	MAILING ADDRESS FOR PARCEL	ACREAGE OF PARCEL

\*Can be obtained from JCC Office of Real Estate Assessments or the County website.

4. The proposed conditions to creation of the district pursuant to § 15.2-4309 of the Code of Virginia:

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5. The proposed term of the district (not less than 4 years; not more than 10 years): \_\_\_\_\_

**SECTION B: Please complete this section if requesting an addition or additions to an existing district:**

1. Name of existing district proposed to be expanded: \_\_\_\_\_

2. Properties to be added to the district:

PROPERTY OWNER NAME	ADDRESS (current legal residence)	PROPERTY IDENTIFICATION NUMBER (PIN)*	MAILING ADDRESS FOR PARCEL	ACREAGE OF PARCEL

\*Can be obtained from JCC Office of Real Estate Assessment or the County website.

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
WITNESS

**SECTION C: To be completed by local governing body:**

- |  |       |                                   |                                   |                                   |
|--|-------|-----------------------------------|-----------------------------------|-----------------------------------|
| 1. Date submitted to the local governing body  | _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Modified | <input type="checkbox"/> Rejected |
| 2. Date referred to the AFD Advisory Committee | _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Modified | <input type="checkbox"/> Rejected |
| 3. Date referred to the Planning Commission    | _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Modified | <input type="checkbox"/> Rejected |
| 4. Date of action by the Board of Supervisors  | _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Modified | <input type="checkbox"/> Rejected |

**Please return this form to:**

James City County Planning Division  
101-A Mounts Bay Road  
Williamsburg, VA 23185