

## **Agricultural & Forestal District** **Withdrawal Request Form**

This is an application packet for property owners who desire to withdraw a property from an existing Agricultural and Forestal District (AFD). The state law governing withdrawal from an AFD is [Section §15.2-4314](#) of the Code of Virginia. Please note that the AFD and the Use-Value Assessment program are two separate programs. The Use-Value Assessment program is administered by the Real Estate Assessments Office of the Finance Department.

It is recommended to schedule a pre-application meeting with Planning Office staff to review the withdrawal process. Pre-application meetings are held every Thursday afternoon. To schedule an appointment please call (703) 792-7615.

The request form shall be accompanied by a justification showing good and reasonable cause for withdrawal.

Date Stamp

Code of Virginia, Section §15.2-4314  
Application for Withdrawal from an  
Agricultural & Forestal District (AFD)

Applicant Information <sup>1</sup>	Name		
	Mailing Address	City/State	Zip Code
	Email	Phone	
Property Information <sup>2</sup>	Parcel Address	City/State	Zip Code
	GPIN (Grid Parcel Identification Number)	Acreage	Zoning District
	Existing Qualifying Use(s)		
I hereby request that the property described in this application be:  Withdrawn from AFD # _____  Signature of Owner _____ Date _____  (Signature of owner, or, if owner is not an individual, of all persons required to authorize encumbrance of this property <sup>1</sup> .) <sup>1</sup> If a property has multiple owners, please use the Supplemental Information page. <sup>2</sup> If this application is for multiple parcels with the same owner(s), complete the appropriate section of the Supplemental Information page. Use multiple pages if necessary.			
FOR OFFICIAL USE ONLY			
Magisterial District		Date Accepted	
Advisory Committee Date	Planning Commission Date	Board of County Supervisors Date	
Withdrawal Approved			
Notes and Comments			

## Application for Withdrawal from an Agricultural and Forestal District Supplemental Information Page

<b>Additional Applicant Information</b>	Name			
	Address		City/State	Zip Code
	Email		Phone	
	Signature _____ Date _____			
<b>Additional Applicant Information</b>	Name			
	Address		City/State	Zip Code
	Email		Phone	
	Signature _____ Date _____			
<b>Additional Parcel Information</b>	<b>GPIN</b>	<b>Acreage</b>	<b>Parcel Address</b>	<b>City</b>