



Application for Rezoning

COMMUNITY DEVELOPMENT
Planning & Zoning Division

Applicant: _____ Date: _____

Address: _____

Telephone #s: Primary: _____ Secondary: _____

Email address: _____

If the applicant is NOT the owner of the property in question, explain. A copy of a pending contract or option agreement shall be attached hereto and made a part of this application.

Name of person to be notified in addition to the applicant and/or property owner:

Name: _____

Address: _____

Phone #: _____

Email address: _____

Location of property: _____

Legal description of property: _____

Purpose of request: _____

Map Provided: YES _____ NO _____

Present zoning classification of property: _____

Requested zoning classification: _____

List permits pending approval of this rezoning: _____

Fee Paid (\$250) YES _____ NO _____

Signature of applicant: _____

Please note: You must have a pre-application meeting with Tim Hartless, Planning Manager, prior to submitting this application or your submittal will not be accepted. To schedule a meeting, you may contact him by phone at 540.332.3862, ext. 15 or by email hartlessta@ci.staunton.va.us