

FOR OFFICE USE ONLY ZMA # \_\_\_\_\_ SIGN # \_\_\_\_\_

Fee Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ By who? \_\_\_\_\_ Receipt # \_\_\_\_\_ Ck# \_\_\_\_\_ By: \_\_\_\_\_

# Application for Zoning Map Amendment



- Under 50 acres = \$1020
- 50 acres or more = \$1570
- Minor amendment to previous request = \$220

FOR PLANNED DISTRICT, INCLUDING NMD, 16 COPIES OF A PLAN ARE REQUIRED  
 FOR NMD, ALSO PROVIDE 16 COPIES OF A CODE OF DEVELOPMENT  
 FOR ANY OTHER DISTRICT, PLEASE PROVIDE 16 COPIES OF A CONCEPT PLAN

PROJECT NAME: (how should we refer to this application?): \_\_\_\_\_

PROPOSAL: REZONE \_\_\_\_\_ ACRES FROM \_\_\_\_\_ ZONING DISTRICT TO \_\_\_\_\_ ZONING DISTRICT

EXISTING COMP PLAN LAND USE/DENSITY: \_\_\_\_\_

LOCATION/ADDRESS OF PARCEL(S) TO BE REZONED: \_\_\_\_\_

TAX MAP PARCEL(s): \_\_\_\_\_

MAGISTERIAL DISTRICT: \_\_\_\_\_

Is this an amendment to an existing Planned District?

Is this an amendment to existing proffers?

Are you submitting a preliminary site plan with this application?

Are you submitting a preliminary subdivision plat with this application?

Are you proffering a plan with this application?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Contact Person (Who should we call/write concerning this project?): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Owner of Record \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant (Who is the Contact person representing?): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Does the owner of this property own (or have any ownership interest in) any abutting property? If yes, please list those tax map and parcel numbers

History:	
<input type="checkbox"/> Special Use Permits: _____ <input type="checkbox"/> Variances: _____ Concurrent review of Site Development Plan?	<input type="checkbox"/> ZMAs & Proffers: _____ Letter of Authorization <input type="checkbox"/> YES <input type="checkbox"/> NO

Section 15.2-2284 of the Code of Virginia states that, “Zoning ordinances and districts shall be drawn and applied with reasonable consideration for the existing use and character of property, the comprehensive plan, the suitability of property for various uses, the trends of growth or change, the current and future requirements of the community as to land for various purposes as determined by population and economic studies and other studies, the transportation requirements of the community, the requirements for airports, housing, schools, parks, playgrounds, recreation areas and other public services, the conservation of natural resources, the preservation of flood plains, the preservation of agricultural and forestal land, the conservation of properties and their values and the encouragement of the most appropriate use of land throughout the locality.”

The items that follow will be reviewed by the staff in their analysis of your request. Please complete this form and provide additional information which will assist the County in its review of you request. If you need assistance filling out these items, staff is available.

What is the Comprehensive Plan designation for this property? \_\_\_\_\_

What public need or benefit does this rezoning serve? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are public water, sewer, and roads available to serve this site? Will there be any impact on these facilities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What impact will there be on the County’s natural, scenic, and historic resources?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OPTIONAL: Do you have plans to develop the property if the rezoning is approved? If so please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you would like to proffer any restrictions on the development of the property, please list these proffers on the following optional attachment entitled, "PROFFER FORM". Proffers are voluntary offers to use property in a more restrictive way than the overall zoning district classification would allow.

By State Code, proffers must have a reasonable relationship to the rezoning and are not mandatory. The rezoning must give rise to the need for the proffers; the proffers must be related to the physical development or physical operation of the property; and the proffers must be in conformity with the Comprehensive Plan.

Describe your request in detail including why you are requesting this particular zoning district.

**ATTACHMENTS REQUIRED** – provide one (1) copy of each

- 1. Recorded plat or boundary survey of the property requested for the rezoning. If there is no recorded plat or boundary survey, please provide legal description of the property and the Deed Book and page number or Plat Book and page number. Properties should be clearly delineated on any plan for a Planned District or concept plan of the rezoning.
- 2. If you are requesting a rezoning for a portion of the property, a survey of the portion of the property must be provided.
- 3. Ownership information – If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, a document acceptable to the County must be submitted certifying that the person signing below has the authority to do so.

If the applicant is a contract purchaser, a document acceptable to the County must be submitted containing the owner’s written consent to the application.

If the applicant is the agent of the owner, a document acceptable to the County must be submitted that is evidence of the existence and scope of the agency. Please attach the owner's written consent.

**OPTIONAL ATTACHMENTS:**

- 4. Proffer Form signed by owner(s).
- 5. Additional Information, if any. (16 copies)

**Owner/Applicant Must Read and Sign**

I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner in filing this application. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner, Contract Purchaser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime phone number of Signatory

**PLEASE CONSULT THE APPROPRIATE CHECKLIST BELOW  
FROM THE COUNTY'S WEBSITE BEFORE SUBMITTING APPLICATION**

[PLANNING COMMISSION REQUEST FOR INFO](#)

[APPLICATION PLAN CHECKLIST](#)

[WATER AND SEWER EVALUATION CHECKLIST](#)

[PRD, PUD, PDSC, PDIP CHECKLIST](#)

[NMD CHECKLIST](#)

[PDMC CHECKLIST](#)

**PLEASE CONSULT THE LIST OF ITEMS WHICH WILL BE REVIEWED BY STAFF  
FROM THE COUNTY'S WEBSITE BELOW:**

[STAFF ANALYSIS OF ZMA & SP REQUESTS](#)