

Application for Zoning Text Amendment



Before the completion of this application, a preliminary conference should be held with Planning Staff & Zoning Administrator.

A copy of the review schedule will be provided.

Zoning Text Amendment = \$840

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

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 _____

FOR OFFICE USE ONLY

ZTA # _____

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

OFFICE USE ONLY

Date of Preliminary Conference/Staff: _____

Ordinance Section: _____

Zoning Administrators Review (initials): _____

Planner: _____ **Recommendation:** _____

County of Albemarle Department of Community Development
401 McIntire Road Charlottesville, VA 22902 Voice: (434) 296-5832 Fax: (434) 972-4126

