



ESSEX COUNTY - VIRGINIA

APPLICATION FOR REZONING

Application No: _____

I (we), the undersigned, do hereby respectfully make application and petition the Governing Body to amend the Official Zoning Map as hereinafter requested, and provide the following information in support of this application.

1. The property sought to be rezoned is located at:

NESW side of Route No. _____ about _____ miles from _____

Or: _____ side of _____ Street, between _____ and _____

Lot No. _____ Block _____ Section _____ of _____ Subdivision

It has a frontage of _____ feet and a depth of _____ feet.

Lot or Parcel No: _____ Acres in Tract _____ Acres Requested to be Rezoned: _____

2. The property sought to be rezoned is owned by:

Name: _____

Address: _____

3. It is desired and requested that the foregoing property be rezoned

from _____ to _____

4. Present use of property _____

Proposed use of property _____

5. The following is a list of all property owners owning property adjacent to both sides and rear, and in front of (across the street from) the property sought to be rezoned, any other persons having a substantial interest in the case.

NAME

ADDRESS

- | | | |
|-----|-------|-------|
| (a) | _____ | _____ |
| (b) | _____ | _____ |
| (c) | _____ | _____ |
| (d) | _____ | _____ |
| (e) | _____ | _____ |
| (f) | _____ | _____ |
| (g) | _____ | _____ |
| (h) | _____ | _____ |
| (i) | _____ | _____ |
| (j) | _____ | _____ |



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- 6. Attach a vicinity map showing property lines, streets and roads, adjacent owners, and existing and proposed zoning.
- 7. If a rezoning request for the same property, or a request for the same zoning amendment was made previously, on what date was final action taken by the Governing Body? _____
- 8. The fee of \$ _____ is attached

Signature of Applicant

Address: _____

Telephone No: _____

RECEIVED PAYMENT OF \$ _____

this ____ day of _____, 20__

ESSEX COUNTY TREASURER

By:

STATE OF VIRGINIA,
COUNTY OF ESSEX, to-wit:

I, _____, a Notary Public in and for the County of Essex in the State of Virginia, do hereby certify that _____ whose name is signed to the foregoing writing, bearing date of the _____ day of _____ 20 __, has this day personally appeared before me in my County aforesaid and acknowledged the same.

Given under my hand this _____ day of _____ 20 __

My Commission expires on _____

Notary Public



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TO BE COMPLETED BY THE PLANNING COMMISSION

Application Received: _____ / _____ / 20____

Public Hearing Held: _____ / _____ / 20____

With respect to the above application for rezoning, the Planning Commission make the following recommendation to the Governing Body:

_____ Approve the rezoning request as presented

_____ Disapprove the rezoning request

_____ Approve the rezoning request with the following modifications:

Secretary of Planning Commission

Date

ACTION OF THE GOVERNING BODY

Planning Commission Recommendation Received: _____ / _____ / 20____

Public Hearing Held: _____ / _____ / 20____

With respect to the above application for rezoning, the Board of Supervisors of Essex County hereby:

_____ Approves the rezoning request as presented

_____ Disapproves the rezoning request

_____ Approves the rezoning request with the following modifications:

Chairman, Board of Supervisors

Date