

<p>OFFICE USE ONLY App. # _____ FEE PAID: _____ DATE: _____</p>

TOWN OF ALTAVISTA

APPLICATION FOR REZONING

This application and accompanying information must be submitted in full before the request for a zoning change can be referred to the Planning Commission and Town Council for consideration. Please contact the Zoning Department at (434) 369-5001 for application and deadline or questions.

Request is hereby made by the principle officer of applicant or undersigned owner of the below listed property for consideration of a zoning change as provided for in Section 86-33 of The Code of the Town of Altavista, Virginia 2002.

Applicant Information

Name: _____ Phone Number: _____

Address: _____

Property Information

Property Owner(s): _____ Phone Number: _____

Property Address or Location: _____

Parcel ID Number: _____

Present Zoning District: _____

Requested Change in Zoning: _____

Purpose of Request

Description for the requested zoning change and proposed use:

Please demonstrate how the proposed change and use will be in harmony with the purposes of the adjoining and adjacent district(s).

(Use separate pages if additional space is required)

Please demonstrate how there will be no undue adverse impacts on the surrounding neighborhood or adjacent zoning district in terms of public health, safety, or general welfare, and show the measures to be taken to achieve such goals.

(Use separate pages if additional space is required)

The following items must accompany this application:

1. The written consent of the owner or agent for the owner (only if the applicant is not the owner). If the applicant is the contract purchaser, the written consent of the owner is required.
2. One copy of a site plan for the property showing the lot, structures, site improvements, parking areas and spaces, and any other information necessary to determine the ability to meet the Zoning Ordinance site development standards, use and design standards, and physical compatibility with the neighborhood or adjacent zoning district.
3. Vicinity map (may be included on the site plan).
4. Fee of \$400 for zoning change application to be applied to the cost of advertising, administrative expense, first class postage, appropriate signage, and processing this application. Please make your check or money order payable to the **TOWN OF ALTAVISTA**.
5. Any item submitted that is greater than 11"x 17" paper size or in color, as deemed necessary as by the applicant, requires twenty-five (25) copies.

Signature of Applicant: _____

Date: _____

