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: ______________________
OFFICE USE ONLY

CASE NO: _________________________ TAX MAP NO: _________________________

DATE RECEIVED: _________________

REFERRED TO PLANNING COMMISSION: _________________________
REFERRED TO COUNCIL: _________________________

PUBLIC HEARINGS & NOTIFICATION TO ADJACENT PROPERTY OWNERS

PLANNING COMMISSION HEARING: DATE: _________________

NUMBER OF PIECES MAILED: _________________

DATE MAILED: _________________ CERTIFIED: _______ 1ST CLASS: _______

COUNCIL HEARING: DATE: _________________

NUMBER OF PIECES MAILED: _________________

DATE MAILED: _________________ CERTIFIED: _______ 1ST CLASS: _______

ACTION TAKEN

APPROVED BY TOWN COUNCIL: _________________

DISAPPROVED BY TOWN COUNCIL: _________________

DATE: _________________