RZ _____

REQUEST FOR REZONING
TOWN OF FRONT ROYAL

APPLICANT

Name _____ Phone _____

Address _____

E-mail _____

PROPERTY OWNER (if different from applicant)

Name _____ Phone _____

Address _____

PROPERTY DESCRIPTION

Property Location/Address _____

Tax Map _____ Section _____ Block _____ Lot _____ Acreage _____

Subdivision Name (if applicable) _____

REQUEST

Present Zoning _____ Zoning Requested _____

Proposed Use of Property _____

Statement of Justification (Why should this property be rezoned?)

_____

_____

_____

_____

_____

_____

(Attach additional sheets if necessary)

PLEASE COMPLETE REVERSE SIDE

ADJACENT PROPERTY OWNERS - List the names and mailing addresses of all owners of property abutting or across the road from this property.

_____

_____

_____

_____

_____

_____

_____

(Attach additional sheets if needed)

ATTACHMENTS - The following should be submitted with the application. Additional information may be required depending on the nature of the request.

1. Application Fee - $450.00. (Checks payable to Town of Front Royal)
2. Survey/Plat of property showing all existing improvements. (8 copies)
3. Environmental Site Assessment Phase I and Phase II.
4. Written proffers. (If any)

CERTIFICATION

I certify that the information provided with this application is correct to the best of my knowledge. The proferring system has been explained to me and I have read Sections 175-149 and 175-150 of the Town of Front Royal Zoning Ordinance pertaining to conditional zoning and proferring.

_____
Signature of Property Owner

_____
Signature of Applicant (if different)

Dated at _____, Virginia, the _____ day of _____, _____

By submitting this application, the applicant grants permission to Town officials and employees to enter upon the property, which is the subject of this application, during reasonable hours and for purposes related to the application process.

OFFICE USE ONLY

$450.00 Fee Receipt # _____ Date Paid _____

Planning Commission

Hearing Date: _____ Recommendation: _____

Town Council

Hearing Date: _____ Date Sent to Clerk: _____