

**COMMONWEALTH OF VIRGINIA
CHARLES CITY COUNTY**



Rezoning Application

Application # _____

Date _____

Fee _____

County Tax Map Parcel # _____ Total Acreage _____

Street Location: _____ Magisterial District: _____

Owner: _____

Address: _____

Daytime Phone _____ Cell _____

Applicant/Agent _____

Address: _____

Daytime Phone _____ Cell _____

Engineer/Land Surveyor: _____

Address: _____ Daytime Phone _____

REZONING REQUEST: (If this request is Conditional Rezoning please attach a signed and dated Proffer Sheet to this application.)

Rezone _____ acres FROM _____ Zoning District

TO _____ Zoning District.

Please provide information relating to the nature of this request which would assist the Board of Supervisors and Planning Commission in their review.

Application # _____
Date _____

LIST OF ADJACENT PROPERTY OWNERS:

Adjacent property owners shall be notified by the applicant of this request at least six (6) days prior to the date of the public hearing. Notification shall be by registered mail or hand delivered. Approved acknowledgement of hand delivered notification shall be by signature of the owner. Notification should explain where and when this request will be considered and have attached to it a copy of this application and a location map.

The following are all of the owners of property adjacent to or across the street from the property sought to be rezoned (from records of the Commissioner of Revenue):

<u>County Tax Map Parcel #</u>	<u>Owner Name/Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I do hereby certify that to the best of my knowledge, all information contained within this application is true and correct. I have attached a survey plat of the area proposed for rezoning and the following additional materials:

OWNERS SIGNATURE

DATE

APPLICANT/AGENT SIGNATURE

