



REZONING APPLICATION

Department of Planning
6602 Courts Drive, Prince George, VA 23875
Email: planning@princegeorgecountyva.gov
(804) 722-8678 | www.princegeorgecountyva.gov

OFFICE USE ONLY

APPLICATION #:

DATE SUBMITTED:

APPLICANT FILL-IN ALL BLANKS

REQUEST DETAILS	REQUEST:				
	REQUEST PROPERTY ADDRESS / LOCATION:				
	REQUEST TAX MAP(S): (List all)	AFFECTED ACREAGE:	ENTIRE PARCEL?: (Y / N)	CURRENT ZONING:	PROPOSED ZONING:
	REQUIRED ATTACHMENTS: (Check if Attached; * = Required) <input type="checkbox"/> APPLICANT STATEMENT* (Specify goals, details, etc.) <input type="checkbox"/> SURVEY OR LEGAL DESCRIPTION OF REZONING REQUEST AREA (If different than recorded lot) <input type="checkbox"/> PROPOSED CONDITIONS / PROFFER STATEMENT <input type="checkbox"/> ADDITIONAL ATTACHMENTS: <input type="checkbox"/> CONCEPTUAL SITE PLAN* (Show any planned improvements; Use GIS or Engineer Drawing) _____ <input type="checkbox"/> COMMUNITY MEETING SUMMARY _____				
LEGAL OWNER	NAME(S):				
	MAILING ADDRESS (Incl. City, State, Zip)				
	E-MAIL:		PHONE:		
APPLICANT CONTACT	NAME(S) (If different than owner):				
	RELATION TO OWNER:				
	MAILING ADDRESS: (Incl. City, State, Zip)				
	E-MAIL:		PHONE:		

OFFICE USE ONLY (Completed at time of application)

COMMENTS:

PAYMENT	FEE DUE: Rezoning: \$1,050 + [See Fee Schedule] Amend Existing Zoning Case: \$1,050	FEE PAID:	PAYMENT TYPE: CHECK / CASH / CREDIT / DEBIT
	CHECK # / TRANSACTION #:	DATE RECEIVED:	RECEIVED BY:

OWNER AFFIDAVIT

The undersigned Property Owner(s) or duly authorized Agent or Representative certifies that this petition and the foregoing answers, statement, and other information herewith submitted are in all respect true and correct to the best of their knowledge and belief.

NAME:

NAME:

SIGNED:

SIGNED:

DATE: _____

DATE: _____

NOTARIZATION:

STATE OF VIRGINIA

COUNTY OF: _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission expires: _____, 20_____

AFFIDAVIT