



REZONING APPLICATION (PRELIMINARY)

Department of Planning
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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"/> ADDITIONAL ATTACHMENTS:		
<input type="checkbox"/> APPLICANT STATEMENT* (Specify goals, details, etc.)		_____			
<input type="checkbox"/> PROPOSED CONDITIONS / PROFFER STATEMENT		_____			
<input type="checkbox"/> CONCEPTUAL MAP / SITE PLAN* (Show any planned improvements; Use GIS or Engineer Drawing)		_____			
LEGAL OWNER CONTACT	NAME(S):				
	SIGNATURE: (I approved this preliminary request)				
	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:					
PRE-APPLICATION MEETING REQUIRED? (Circle one)		COMMUNITY MEETING REQUIRED? (Circle one)			
Y / N / TBD / Date Held _____		Y / N / TBD / Date Held _____			