

CITY OF MARTINSVILLE, VIRGINIA

Application for Rezoning

Part I (to be completed by applicant and submitted with non-refundable fee of \$200.00) Please type or print in ink the following information:

Applicant's Name: _____ Telephone: _____

Applicant's Address: _____

Owner's Name (if different from Applicant): _____ Telephone: _____

Owner's Address: _____

Location of Property: _____

Tax Map and Lot Number: Section _____ Block _____ Lots(s) _____

Existing Land Use: _____

Proposed Land Use: _____

Existing Zoning: _____ Proposed Zoning: _____

Statement in Support of proposed Rezoning: _____

List below the name and complete address (with zip code) of the owners of all property located adjacent to or directly across a street from the property for which the change in zoning classification is being requested:

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Application for Rezoning
Additional Nearby and Adjacent Property Owners

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

Name: _____

Address: _____

Tax Map ID: Section _____ Block _____ Lot(s) _____ Zoning _____

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I hereby apply for a rezoning for the property described herein subject to all City and State laws, ordinances and regulations. I hereby grant appropriate City officials the right to enter upon the above described property during normal business hours to conduct any inspection necessary. I hereby certify, under penalties of perjury, that the above information is true and correct.

Signature of Applicant/Agent

Owner's consent if different from applicant :

Signature of Owner(s)

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Part 2 (to be completed by City)

Date Completed Application and Fee Received: _____

Date of Planning Commission Hearing: _____ Dates of Advertisements: _____

Date of City Council Hearing: _____ Dates of Advertisements: _____

I certify that, on _____, each of the property owners adjacent to and across the street from the property affected by this request were sent by first class mail a notification of the public hearing before the Martinsville Planning Commission.

Certifying Signature of City Staff

Attest by Deputy Clerk of Circuit Court

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Recommendation by Planning Commission: _____

Action by Martinsville City Council: Date _____ Approved Denied