

FOR OFFICE USE ONLY

Comments \_\_\_\_\_  
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FOR OFFICE USE ONLY

PERMIT APPLICATION # \_\_\_\_\_  
 Date Submitted \_\_\_\_\_  
 Magisterial District \_\_\_\_\_

***County of Prince Edward***

PLEASE PRINT OR TYPE

**PRINCE EDWARD COUNTY  
 APPLICATION  
 REQUEST FOR REZONING  
 REQUEST FOR AMENDMENT**

I, WE \_\_\_\_\_  
 DO HEREBY PETITION THE BOARD OF SUPERVISORS OF THE COUNTY OF PRINCE EDWARD TO AMEND THE COUNTY ZONING ORDINANCE BY:

\_\_\_\_\_ Modifying section(s) \_\_\_\_\_ of the ordinance as noted below. (See Schedule A)

\_\_\_\_\_ Modifying the Zoning District Classification of the following described property from the \_\_\_\_\_ District(s), to the \_\_\_\_\_ District.

Location / Legal Description of Property: Deed Book / Page No. \_\_\_\_\_ or Instrument No. \_\_\_\_\_  
 Tax Map # \_\_\_\_\_ Subdivision, if applicable \_\_\_\_\_

If acreage, attach plat of property and a metes and bounds description.  
 Briefly describe the current use of the property.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide on schedule A below a description of the proposed use and how such proposed amendment to the zoning ordinance relates to the County's Comprehensive Plan.

Provide on schedule B below a list of all property owners and their mailing addresses as shown on the County land records who are contiguous to and directly across the street from the parcel(s) proposed to be changed.

Owner(s) of Property

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner(s) of Property

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Schedule A

Describe the requested amendment to the Zoning Ordinance, (OR), Describe the relationship of the proposed re-zoning to the County's Comprehensive Plan.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Schedule B

Contiguous property owner(s) to be affected by this proposed change.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: The above information must be supplied by the applicant. Failure to do so will void the application. Attach additional sheets, if necessary.

Application Fee Re-zoning Permit \$300      Application Fee Received By \_\_\_\_\_ Date \_\_\_\_\_  
 Application Fee Zoning Amendment \$300      Cash  Check  # \_\_\_\_\_

The above permit application charges are nonrefundable, regardless of whether the permit application is approved or denied once submitted.

**All checks for payment should be made payable to: Treasurer, Prince Edward County, Virginia.**

Mail to: Department of Building & Zoning  
 P. O. Box 382  
 Farmville, VA 23901  
 (434) 392-8837