



# COUNTY OF ACCOMACK

DEPARTMENT OF BUILDING, PLANNING & ECONOMIC DEVELOPMENT  
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## REZONING APPLICATION

This application should be used to petition for a change to the official Accomack County Zoning Map. The applicant's attention should be directed to Section 106-236 of the Accomack County Code, which set forth Conditional Zoning regulations. Please include a digital file of the concept plan if available. **A fee of \$980 is due at the time of application.** The completed application must be submitted 30 days prior to the Planning Commission meeting to allow for adequate review time.

### PROJECT DESCRIPTION:

Project Name: \_\_\_\_\_ Date of Submission \_\_\_\_\_

Property Address (if any): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Legal Description \_\_\_\_\_

Location, shape and size (in acreage) of the parcel: \_\_\_\_\_

Description of the Existing Land Use: \_\_\_\_\_

Description of the Proposed Land Use: \_\_\_\_\_

State Public Purpose Served by Rezoning: \_\_\_\_\_

Number of Acres to be Affected: \_\_\_\_\_ Voluntary Proffers Attached: Yes\_\_\_ No\_\_\_

Present Zoning Classification: \_\_\_\_\_

Election District: \_\_\_\_\_ Tax Map Number(s): \_\_\_\_\_

Comprehensive Plan Designation: \_\_\_\_\_

Date Property Title Obtained: \_\_\_\_\_ Deed Book No.: \_\_\_\_\_ Page No. \_\_\_\_\_

Zoning Classification Desired: \_\_\_\_\_

**APPLICATION INFORMATION:**

Applicant(s) Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address(s): \_\_\_\_\_  
Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Property Owner(s) Name(s): \_\_\_\_\_  
Address(s): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address(s): \_\_\_\_\_  
Owner(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

This application must be signed by the owner(s) of the subject parcel(s) or must have attached written evidence of the owners' consent which may be in the form of a binding contract of sale with the owners' signature or a letter signed by the owner(s), containing written authorization to act, with full authority, on the owner(s) behalf in filing this Rezoning application. Signing this application shall certify the owner(s) is/are granting authority of the County to enter onto the property for the purpose of conducting site analyses and compliance with Federal, State and County regulations.

*See Accomack County Municode Section 106-236:  
<http://library.municode.com/index.aspx?clientId=13191>*

**APPLICANTS CHECKLIST**

- Completed and signed application.
- A certified plat of the area to be rezoned with a legal description (if requested).
- A vicinity map showing land uses surrounding the property within five hundred feet, and showing existing zoning of the tract and adjacent lots.
- Narrative supporting request/justification for the rezoning.