



The City
of
Hopewell, Virginia

300 N. Main Street · Department of Development · (804) 541-2220 · Fax: (804) 541-2318

APPLICATION FOR REZONING

APPLICATION FEE: \$300

APPLICANT: _____
ADDRESS: _____

PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: _____ OWNER OR _____ AGENT

*IF CONTRACT PURCHASER, PROVIDE A COPY OF THE CONTRACT OR A LETTER
OF THE PROPERTY OWNER'S CONSENT TO MAKE APPLICATION.*

OWNER: _____
ADDRESS: _____

PHONE #: _____ FAX #: _____

PROPERTY ADDRESS / LOCATION:

LEGAL DESCRIPTION: _____

PARCEL #: _____ ACREAGE: _____

PRESENT ZONING DISTRICT: _____

REQUESTED ZONING DISTRICT: _____

PRESENT USE OF PROPERTY: _____

IT IS PROPOSED THAT THE FOLLOWING BUILDINGS WILL BE CONSTRUCTED:

NEED AND JUSTIFICATION FOR THE CHANGE IN CLASSIFICATION:

ANTICIPATED EFFECT OF THE PROPOSED CHANGE (IF ANY) ON PUBLIC SERVICES AND FACILITIES:

APPROPRIATENESS OF THE PROPERTY FOR THE PROPOSED CHANGES, AS IT RELATES TO THE INTENT OF THE ZONING DISTRICT DESIRED:

WAY IN WHICH THE PROPOSED CHANGE WILL FURTHER THE PURPOSES OF THE ZONING ORDINANCE AND GENERAL WELFARE OF THE COMMUNITY:

COMMENTS FROM APPLICANT / OWNER:

**** ATTACH A COPY OF A SURVEY BY A LICENSED SURVEYOR OF THE PROPERTY*

A PROFFER STATEMENT IS ATTACHED _____ Y _____ N

AS OWNER OF THIS PROPERTY OR THE AUTHORIZED AGENT THEREFOR, I HEREBY CERTIFY THAT THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE

DATE

OFFICIAL USE ONLY

DATE RECEIVED: _____ DATE OF FINAL ACTION: _____

ACTION TAKEN:

_____ APPROVED _____ DENIED

_____ APPROVED WITH THE FOLLOWING CONDITIONS/ PROFFERS:
