



*The City
of
Hopewell, Virginia*

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

ZONING ORDINANCE AMENDMENT/USES NOT PROVIDED FOR APPLICATION

Application fee: \$300

The Hopewell Planning Commission meets the 1st Thursday of each month. The deadline for submittal of a Hopewell Zoning Ordinance Amendment application is shown in the attached Planning Commission calendar. This amendment application, the fee, any supporting documentation and any other information deemed pertinent or necessary by the Zoning Administrator for the Planning Commission to make their decision are required to be submitted jointly. If any of these items are not included, it is considered an incomplete application and will not be accepted.

I (we) the undersigned do hereby respectfully petition and make application to the Hopewell City Council to amend the City of Hopewell Zoning Ordinance text as hereinafter requested, and in support of this application, the following facts are shown.

APPLICANT: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

1) I (WE) WISH TO PROPOSE THAT THE FOLLOWING SECTION(S) OF THE HOPEWELL ZONING ORDINANCE BE AMENDED.

2) I (WE) WISH TO PROPOSE THAT THE TEXT BE REVISED TO ACCOMPLISH THE FOLLOWING PURPOSES (S) AND/OR TO READ AS FOLLOWS: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

3) PLEASE DEMONSTRATE HOW THE AMENDMENT WILL BE IN HARMONY WITH THE PURPOSE OF THE SPECIFIC DISTRICT IT WHICH IT WILL BE ADDED.

4) PLEASE GIVE THE REASON FOR FILING THE PROPOSED ZONING ORDINANCE AMENDMENT.

AS OWNER OF PROPERTY IN THE CITY OF HOPEWELL OR THE AUTHORIZED AGENT THERFOR, I HEREBY CERTIFY THAT THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS ARE COMPLETE AND ACCCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT(S) SIGNATURE

DATE

APPLICANT(S) PRINTED NAME

OFFICIAL USE ONLY

DATE RECEIVED: _____ DATE OF FINAL ACTION: _____

ACTION TAKEN:

_____ APPROVED _____ DENIED

_____ APPROVED WITH THE FOLLOWING CONDITIONS:
