

MIDDLESEX COUNTY

Department of Planning and Community Development
P.O. Box 428, Saluda, VA 23149
Phone: 804-758-3382 Fax: 804-758-0061

REZONING SUBMISSION REQUIREMENTS

In order to expedite the review of Rezoning applications, please be sure that all of the following items have been included in your Rezoning application. Please return this completed checklist with the application to assure that all items have been addressed. All Rezoning applications must adhere to the regulations found in the Middlesex County Zoning Ordinance.

- Completed rezoning / ordinance amendment application.
- Rezoning application fee of \$300 plus \$10 per acre.
- A vicinity map showing property lines, streets and roads and existing and proposed zoning.
- For conditional rezoning applications, any proffers for consideration must be submitted in writing and attached to this completed application in a format acceptable to the Planning Director and County Attorney.
- All applications for rezoning to the MH District must include a site plan showing the layout of the internal park improvements required by Article 13 of the Zoning Ordinance.
- Any other information which the Zoning Administrator may reasonably determine to be necessary for the proper evaluation of the application.

CERTIFICATION:

I hereby certify that the attached plans and this completed application form contain all the required information for a Rezoning application in accordance with the Middlesex County Zoning Ordinance. I understand that the submission of incomplete or inaccurate information may delay the processing of this Rezoning application.

Applicant's Signature

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REZONING / ORDINANCE AMENDMENT APPLICATION

OFFICE USE ONLY

Application #: _____

Ordinance Amendment Classification/Fee: Rezoning (\$300 + \$10 per acre): _____
 Ordinance Amendment (\$300)

Tax Query: Current Delinquent

Planning Commission Hearing Date: _____ Recommendation: Approved Denied

Board of Supervisors Hearing Date: _____ Decision: Approved Denied

Conditions/Comments: _____

Zoning Administrator Signature

Date

APPLICANT INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

PROPERTY INFORMATION

Parcel Number(s): _____ E911/Street Address: _____

Magisterial District: _____ Lot Size (in Acres): _____

Existing Land Use: _____

Proposed Land Use (If Rezoned): _____

REZONING / ORDINANCE AMENDMENT REQUEST

Pursuant to Articles 15A and 20 of the Middlesex County Zoning Ordinance, I, (We) _____,

do hereby petition the Middlesex County Board of Supervisors with the following request:

- Text amendment modifying Section(s) _____ of the Middlesex County Zoning Ordinance.
- Text amendment modifying Section(s) _____ of the Middlesex County Subdivision Ordinance.
- Map amendment modifying the Zoning District Classification of parcel(s) or portions of parcel(s) _____ from the _____ zoning district to the _____ zoning district.
- Map amendment modifying the approved proffered conditions of parcel(s) or portions of parcel(s) _____

Why is the rezoning / ordinance amendment being requested? _____

What is the relationship of the proposed rezoning / ordinance amendment to the Middlesex County Comprehensive Plan? _____

APPLICANT STATEMENT

I hereby certify that I have the authority to make the foregoing application, that the information given is complete and correct to the best of my knowledge, and that development and/or construction will conform with the regulations as set forth in the Middlesex County Zoning Ordinance as written and also with the description contained in this application.

Applicant's Signature (if not Property Owner)

Date

Applicant's Signature (if not Property Owner)

Date

PROPERTY OWNER(S) STATEMENT

I hereby certify that I/we own the above described property, that the information given is complete and correct to the best of my knowledge, that development and/or construction will conform with the regulations as set forth in the Middlesex County Zoning Ordinance as written and also with the description contained in this application, and that the above person(s), group, corporation or agent has the full and complete permission of the undersigned owner(s) to make application for a rezoning / ordinance amendment as set forth in the Middlesex County Zoning Ordinance as written.

Property Owner's Signature

Date

Property Owner's Signature

Date

CONDITIONS

1. This permit application is not valid unless all property owner(s) signatures are affixed and dated.
2. All 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 Middlesex County.
3. For conditional rezoning applications, any proffers for consideration must be submitted in writing and attached to this completed application in a format acceptable to the Planning Director and County Attorney.
4. The property owner states that no application for substantially the same change in zoning district classification of the above property has been acted on by the Board of Supervisors within twelve (12) months prior to the date of this application.