

Town of Buchanan, Virginia

Rezoning Application – Request for Zoning District Classification Change

Re	equired items (Section 601-3.A.):	
	Fee – \$100. Includes legal advertisements for two weeks prior to the public hearing(s) and mailing letters of notice to abutting property owners (Code of Virginia requirement – §15.2-2204).	
	Certified Plat of the property proposed to be rezoned.	
-	Complete Application. Request cannot be forwarded to Town Council until complete.	
<u>In</u>	formation of Property and Request:	
1.	Parcel Number(s):	
2.	Address of Parcel(s):	
3.	. Owner(s):	
4.	. Applicant (Owner's Consent statement required):	
5.	Authorized Agent, if different from the Owner (Owner's Authority statement required):	
6.	Current Zoning District Classification:	
7.	Proposed Zoning District Classification:	
	Proposed Use of the Property:	
9.	Are there any proffers to be voluntarily submitted to mitigate any effects that could occur with a different zoning district classification (Section 602 and Code of Virginia §15.2-2297)? Yes No	
	a. If Yes, procedures in Section 602-2 must be followed and all criteria in Section 602-3 must be met. Proffers are legally binding and remain with the property	

- 10. Statement of the applicant's reasons for requesting rezoning. Please attach statement.
- 11. Map amendments must conform to the standards of the zoning ordinance and to the zoning district being requested. Please describe how the requested change furthers or does not adversely affect the purpose and intent of the zoning ordinance in general (Section 102) and the purpose and intent of the proposed district specifically. Attach additional sheets.
- 12. Describe how the requested change meets the goals, objectives or strategies of the Town comprehensive plan. Attach additional sheets.
- 13. Is a Traffic Impact Analysis (TIA) required to be submitted per VDOT regulations?

 ____ Yes ____ No
- 14. Description of how the property is to be served for water and sewer provisions. If public water and / or public sewer are proposed to be used, the request must be reviewed by the Town for capacity of either public provision. Requests for private water or sewer provisions must be reviewed and approved by the Virginia Department of Health.

I hereby certify that this application is complete and accurate to the best of my knowledge, and I authorize Town representatives entry onto the property for purposes of reviewing this request.

Owner/Agent Signature:	Date:
Print Name:	