

Rezoning

Application Packet



Town of Strasburg
Department of Planning and Zoning
174 East King Street
PO Box 351
Strasburg, VA 22657
540-465-9197

Updated September 15, 2009



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APPLICATION FOR REZONING

Application Instructions

1. **APPLICATION FORM:** Complete the application form on Page 3. Please note that *all* fields **MUST** be completed in order for your application to be processed. Do not fill in the shaded fields – they will be completed by Town staff.

2. **SUPPLEMENTARY INFORMATION:** You **MUST** provide all of the following information in addition to the application form on Page 3:
 - Legal description** of the area to be rezoned. This should include a metes and bounds survey description of the property and a calculation of the total area (in square feet and acres) to be rezoned.
 - Survey plat** of the area to be rezoned – prepared by a licensed professional surveyor/engineer.
 - Proffer statement** outlining any voluntary conditions being offered as part of the rezoning. The statement must be signed by all property owners and notarized.
 - Application fee** as set forth by the Town Council as follows:
 - i. \$1,500 *plus* \$100 per acre; or
 - ii. \$500 for a proffer revision



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Application Num. _____
 (office assigns)

REZONING APPLICATION FORM

APPLICANT	NAME	
	ADDRESS	
	PHONE	FAX
	EMAIL	
PROPERTY INFORMATION	OWNER	
	ADDRESS	
	TAX MAP NO(S).	TOTAL LAND AREA
	CURRENT ZONING DISTRICT	FLOOD PLAIN
REZONING REQUEST INFORMATION	REQUESTED ZONING: <input type="checkbox"/> A-1, AGRICULTURAL (§ 2-2) <input type="checkbox"/> R-1A, RESIDENTIAL (§ 2-3) <input type="checkbox"/> R-1B, RESIDENTIAL (§ 2-4) <input type="checkbox"/> R-2, RESIDENTIAL (§ 2-5) <input type="checkbox"/> R-3, RESIDENTIAL (§ 2-6) <input type="checkbox"/> C-1, COMMERCIAL (§ 2-7) <input type="checkbox"/> C-2, COMMERCIAL (§ 2-8) <input type="checkbox"/> M-1, INDUSTRIAL (§ 2-9) <input type="checkbox"/> PD, PLANNED DEVELOPMENT (§ 2-11) <input type="checkbox"/> OTHER:	
	DESCRIBE THE PURPOSE OF THE REZONING (use additional paper as needed):	
APPLICATION REVIEW	DATE RECEIVED	
	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	REVIEW/APPROVAL DATE(S)
	TAXES PAID <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TOWN PLANNER SIGNATURE	
By signing below, I certify that the information provided on this application is true and that I am the current property owner of record or an authorized representative. I do also hereby authorize Town of Strasburg staff on official business to enter onto the subject property as necessary to process the application.		
_____ Print Name of Owner/Agent		_____ Signature of Owner/Agent