

Town of Washington, Virginia  
P.O. Box 7  
Washington, Virginia 22747

For questions or to schedule a meeting call the Town Office (540) 675-3128

## **CHANGE OF ZONING DISTRICT CATEGORY (REZONING) APPLICATION**

### Application Instructions

1. Complete as much of the application as possible, paying careful attention to the description of your project.
2. Schedule a meeting with the Zoning Administrator by calling the Town Office at 540-675-3128 or emailing the Zoning Administrator at [zoning@washingtonva.gov](mailto:zoning@washingtonva.gov) or the Town Clerk at [townofwashington@washingtonva.gov](mailto:townofwashington@washingtonva.gov)
3. The Zoning Administrator will determine if the application is correct and complete. Additional information or supportive materials may be required to complete the application.
4. The appropriate fee will be required as part of completing the application. A fee schedule will be provided for reference. The Zoning Administrator will provide you with the amount due for the application.
5. The Zoning Administrator will provide a meeting schedule for the required meeting to hear the application. Some types of applications require multiple meetings for approval. If additional meetings are required a tentative schedule will be provided.
6. Once the application is determined complete and fee is paid the application will proceed to the appropriate meeting. You will receive notification of the meeting a few days prior to the meeting.

Town Office File Assignment Information:  
Street Address: \_\_\_\_\_ Date: \_\_\_\_\_ Application No. \_\_\_\_\_

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Page 1 of 2 - Please print or type all information

Applicant: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Owner's Name as it appears on land records:

\_\_\_\_\_  
Telephone/Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_

Please describe the request of the application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner' Signature \_\_\_\_\_

If more than one owner, list all owners and contact information on the reverse of this page

Property Location:

Current Street Address: \_\_\_\_\_  
Current Zoning: \_\_\_\_\_  
Tax map identification  
number(s): \_\_\_\_\_

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Applications, supportive materials and fees must be submitted to the Town Clerk for the Zoning Administrator to determine if the application is complete. Complete Applications must be submitted two (2) weeks prior to the regular monthly meeting of the Planning Commission or Town Council. Failure to submit materials may result in a delay.

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I/we hereby certify that the above information is complete and correct and that the public notification will be properly posted and maintained on the site not later than 14 days before the scheduled public hearing date and that all delinquent real estate taxes have been paid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

