



Application for Re-Zoning Property

Town of Onley
PO Box 622
Onley VA 23418
757-787-3985 office
757-787-5661 fax

Date Submitted _____

Date Deemed Complete _____

PLEASE COMPLETE:

Name of Owner(s) _____

Mailing Address _____

Contact Numbers _____

Email Address _____

Physical Address of Property (911 address if applicable)

Tax Map/ID Numbers

Legal Description of Property _____

The following items should be attached to the application:

1. Three copies of a scaled drawing showing the size, shape and parcel; the proposed or any existing buildings on the parcel; the description of the current use and the nature of the proposed use at that parcel; locations of any buildings and uses with respect to property lines and identification of the right-of-way of street or highway adjoining the parcel;
2. Existing Health Department approvals and the identification of any changes which may need to be reviewed by the Health Department for any proposed use(s);
3. A stormwater management plan if required;
4. Identify wetlands on site (a map shall be attached);
5. Provide location/description of water & sewer on site (a map shall be attached);
6. Provide location of parking on site (a map shall be attached).

I/we, _____ do hereby petition you to amend the zoning map of the Town of Onley, VA by re-classification and re-zoning from the _____ district to the _____ district.

The property described in this application shown on the plat/scaled drawing which are made part of this application.

Property Owner's Signature

Applicant's Signature

OFFICE USE ONLY

SCHEDULE FOR PUBLIC HEARINGS:

Planning Commission Hearing: _____ Date _____ Time _____ Place

Town Council Hearing: _____ Date _____ Time _____ Place

Action: _____

ADVERTISING

1ST Ad printed _____ Date _____ Newspaper

2nd Ad Printed _____ Date _____ Newspaper

****Ad must run in newspaper twice (with one week between)
Hearing can be held 6 days after second ad****