

Rezoning

Application Packet



Town of Mount Jackson

5901 Main Street

P.O. Box 487

Mount Jackson, VA 22842

(540) 477-2121

fax (540) 477-2351

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P.O. Box 487
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APPLICATION FOR REZONING

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. Please 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. Under 1 acre- \$200.00
 - ii. Over 1 acre-\$300.00 + \$50.00 per proposed lot**** In addition to these fees the applicant must reimburse the Town its actual cost for consultant review services directly associated with the review of the application.

REZONING APPLICATION FORM

APPLICANT	NAME		
	ADDRESS		
	PHONE		
	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"/> Agriculture <input type="checkbox"/> R-2 Medium Density Residential <input type="checkbox"/> B-1 Central Business <input type="checkbox"/> I-1 Limited Industrial <input type="checkbox"/> R-1 Low Density Residential		<input type="checkbox"/> R-3 High Density Residential <input type="checkbox"/> B-2 Highway Business <input type="checkbox"/> MH-1 Planned Mobile Home <input type="checkbox"/> TND Traditional Neighborhood Development <input type="checkbox"/> B-3 Shopping Center District
	DESCRIBE THE PURPOSE OF THE REZONING,(use additional paper as needed)		
APPLICATION REVIEW	DATE RECEIVED		
	APPROVED	___ YES	___ NO
	TAXES PAID	___ YES	___ NO
	TOWN MANAGER 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 Mount Jackson 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	
STATE OF VIRGINIA COUNTY OF SHENANDOAH, TO WIT: I hereby certify that the above was signed and sworn before me by _____			
This ___ day of _____, 20__.		This ___ day of _____, 20__.	
My Commission Expires _____		My Commission Expires _____	
_____ Notary Public		_____ Notary Public	

FOR OFFICE USE ONLY

Date Received: _____ Time: _____

Receipt No. _____ Fee: _____

Zoning Amendment Number _____

PLANNING COMMISSION

Dates Public Hearing Was Advertised: _____

Dates Public Hearing Was Held: _____

Date of Recommendation and Action of Planning Commission: _____

Secretary _____

TOWN COUNCIL

Dates Public Hearing Was Advertised: _____

Dates Public Hearing Was Held: _____

Date and Action of Town Council: _____

Clerk of the Council _____