



CASE #: RZ- _____
FEE AM'T: _____
DATE PAID: _____

CITY OF WINCHESTER, VIRGINIA

Rouss City Hall
15 North Cameron Street
Winchester, VA 22601
540-667-1815
TDD 540-722-0782

REZONING APPLICATION

(rev 11/21/2022)

Please print or type all information

_____ Applicant

_____ Telephone _____ Street Address

_____ E-mail address _____ City _____ State _____ Zip

_____ OWNER'S SIGNATURE (use reverse to list additional owners) _____ Owner Name (as appears in Land Records)

_____ Telephone _____ Street Address

_____ E-mail address _____ City _____ State _____ Zip

TYPE OF REQUEST - Please mark type of request and complete information

REZONING		FEE
<input type="checkbox"/> Conventional	<input type="checkbox"/> Conditional (Proffers)	_____
From: _____	From: _____	<input type="checkbox"/> \$1,000+\$200 per acre <u>or fraction thereof</u>
To: _____ (_____ Ac)	To: _____ (_____ Ac)	<input type="checkbox"/> \$500 (Proffer Revision)
<input type="checkbox"/> Planned Development	<input type="checkbox"/> Proffer Revision	<input type="checkbox"/> \$500 (Planned Development revision)

PROPERTY LOCATION

Current Street Address(es) _____ Zoning _____

Tax Map Identification - (sections, blocks, lots) _____

REQUIRED MATERIALS LIST

- _____ 1 copy of application (this form completed)
- _____ Letter addressing request, including a statement of Comprehensive Plan recommendation
- _____ Fee (check made payable to the **Treasurer, City of Winchester**)
- _____ 1st Submittal: 3 paper copies of plans, PLUS 1 digital copy (PDF) of all documents. Revisions will require 1 digital copy (PDF) and paper copies as requested by Planning.
- _____ List of adjacent property owners (public hearing items only). List must provide name and mailing address as appears in Land Records for owners of all properties within 300 feet of any portion of the subject site.
- _____ Disclosure of Real Parties in Interest (list all equitable owners)

All public hearing materials must be submitted at one time by 5:00 PM on the deadline date for the next regular meeting in order to be placed on the agenda. **Only complete applications, which includes all the above materials, will be accepted.**

I/we hereby certify that the above information is complete and correct and that public notification will be properly posted on the site not later than 14 days before the public hearing (if applicable) and that all delinquent Real Estate taxes have been paid per Section 23-9.

SIGNATURE _____ DATE _____

APPLICANT

CASE #: RZ-_____
FEE AM'T:_____
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Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

Address

City, State, Zip

Telephone

OWNER'S SIGNATURE
