

TOWN OF NEW MARKET

Application for Rezoning Application for Conditional Zoning

Applicant Information:

Property Owner's Name: _____

Or Contract Purchaser's Name: _____

Address: _____ Phone: _____

Owner's Representative: _____

Address: _____ Phone: _____

Description of Property:

Location: _____

Tax Map Number: _____ Deed Book & Page Number(s): _____

Existing Zoning: _____

Proposed Zoning: _____

Total Acreage Requested to be Rezoned: _____

It is proposed that the following buildings will be constructed: _____

Justification for Request: _____

Additional Comments: _____

Please attach a sketch plan or survey plat showing the following:

- (A.) Boundaries of the entire property
- (B.) Total area of the property in square feet and acres
- (C.) Location of all existing and proposed structures showing measurements to property lines (including but not limited to lighting, signs, and buildings)
- (D.) Existing and proposed off-street parking, ingress, and egress to property
- (E.) Existing zoning designation and use of subject and adjacent properties

Adjacent Property Owners:

Please list the names and addresses of all adjacent property owners, including landowners across any road. (Attach an additional sheet if necessary)

Proffers:

Any proffers that the applicant wishes to present for consideration should be attached to this application.

Fee:

The fee for rezoning is \$350.00, plus \$50 per acre. This fee must be paid to the Town upon submission of this zoning application form and related papers.

*The figure listed above does not include review costs should a consultant for the Town review the proposal.

Certification:

As applicant for this rezoning, I (We), _____, certify that the information contained herein is true and accurate to the best of my (our) knowledge. I (We) authorize the Town to go upon the property for the purpose of making inspection.

Signature of Applicant(s) _____ Date _____
_____ Date _____

FOR TOWN USE

Date Received: _____ Fee Paid: \$ _____

Delinquent Real Estate Taxes Owed: Yes _____ No _____ Verified by: _____

Public Hearing Date: _____

Planning Commission Recommendation:

Approve Deny Date: _____

Town Council Action:

Approve Deny Date: _____

Zoning Administrator's Signature