Town of Hurt, Virginia Application for Zoning Change

This form must be completed in full and submitted to the Zoning Administrator before the request for a zoning change can be referred to the Planning Commission and Town Council for consideration.

Request is hereby made by the principal officer of applicant or undersigned owner of the below referenced property for consideration of a zoning change as provided for in Hurt Town Code § 4-131, as amended.

Name of Applicant(s)
Mailing Address
Phone Email Address
Property Owner(s) (if different from applicant)
Address and Contact Information (if different from applicant)
Property Address or Location
Parcel ID#
Current Zoning District (check one): R-1 R-2 R-3 C-1 I-1
Requested Change in Zoning: R-1 R-2 R-3 C-1 I-1
Please describe the proposed use under the requested zoning change:
Please demonstrate how the proposed change and use will be in harmony with the purposes of the adjoining and adjacent district(s) – use separate sheet if extra space is needed:

(continued on reverse side)



Form Z-4 2

Please explain how there will be no undue adverse impacts on the surrounding neighborhood or adjacent zoning district in terms of public health, safety, or general welfare, and what measures will be taken to achieve such goals (attach separate sheet if additional space is needed):	
The fo	ollowing items must accompany this application:
✓	Written consent of the owner or agent of the owner (if applicant is not owner). If the applicant is the contract purchaser, then written consent of the owner is required).
✓	One copy of a site plan for the property showing the lot, structures, site improvements, parking areas and spaces, and any other information necessary to determine the ability to meet Zoning Ordinance standards for site development, use and design, and physical compatibility with the neighborhood or adjacent zoning district.
✓	Vicinity map (may be included on the site plan)
✓	Fee of \$250 for zoning change application, to be applied toward costs of advertising, administrative expenses, postage, and processing of this application. Please make check or money order payable to Town of Hurt.
✓	Items submitted in color or greater than $11^{\prime\prime}$ x $17^{\prime\prime}$ in paper size, as deemed necessary by the applicant, requires ten copies.
Applica	ant Signature
Date _	

