



LANCASTER COUNTY, VIRGINIA
Department of Planning and Land Use
Application for Change of
Zoning District Classification

Tax Map Number: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

If Rezoned – Proposed Use of Property: \_\_\_\_\_

IF THIS APPLICATION IS FOR CONDITIONAL ZONING, ATTACH YOUR LIST OF PROFFERS
(A written list of proffers must be received before the beginning of the Board of Supervisors' Public Hearing)

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A SURVEYED PLAT SHOWING BEARINGS AND DISTANCE IS REQUIRED IF THIS PROPERTY IS NOT IN A
RECORDED SUBDIVISION

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Signature of Applicant/Agent: \_\_\_\_\_

PLANNING COMMISSION ACTION: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature – Chairman, Planning Commission

FOR OFFICE USE ONLY:

Conditional Zoning: \_\_\_\_ Yes \_\_\_\_ No

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

FEE: \$500.00