



City of Bristol Virginia - Planning Department  
300 Lee Street  
Bristol, VA 24201  
Phone: 276-645-7470  
Fax: 276-821-6099

### Zoning Map Amendment Application (\$200.00)

Address/Location of Property to be Rezoned \_\_\_\_\_ Tax Map No(s). \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Desired Zoning: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Desired Use: \_\_\_\_\_

Has this property been the subject of a similar proposal before? If yes, when? \_\_\_\_\_

Please describe the purpose of the rezoning request:

Please provide the following with the amendment application: A site plan for rezoning and a legal description of the property to be rezoned.

All required material should be submitted to the Planning Department the last day of the month in order to have the matter put on the agenda for the next month's Planning Commission meeting which is scheduled for the third Monday of each month. Note: Meeting dates are subject to change.

The application fee of two hundred dollars (\$200.00) shall be due upon submittal of this application. In addition to the application fee (\$200.00), The property owner/applicant is required to pay the cost of legal advertising and the cost of mailing notices to all adjoining property owners via certified mail (per requirement of Virginia Code §15.2-2204). By signing below, I acknowledge the responsibility to pay for these costs.

\_\_\_\_\_  
Name of Property Owner:

\_\_\_\_\_  
Name of Applicant (if different than owner):

\_\_\_\_\_  
Address of Property Owner:

\_\_\_\_\_  
Address of Applicant:

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

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

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

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

\_\_\_\_\_  
Signature of Owner:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date

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#### FOR DEPARTMENT USE ONLY

\_\_\_\_\_  
Zoning Map Amendment File Number:

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date