



COMMONWEALTH OF VIRGINIA
COUNTY OF FLUVANNA
Application for
Zoning Text Amendment

Owner of Record: _____ **Applicant of Record:** _____

E911 Address: _____ E911 Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Representative: _____

E911 Address: _____

Phone: _____ Fax: _____

Email: _____

Note: If applicant is anyone other than the owner of record, written authorization by the owner designating the applicant as the authorized agent for all matters concerning the request shall be filed with this application.

Proposed amendment to the Zoning Ordinance: (attach additional sheets as necessary)
 If the amendment proposes to replace existing text, please provide a full copy of the existing text for the affected section.

Location of Parcel: _____ Section: _____

Proposed Text:

By signing this application, the undersigned owner/applicant authorizes entry onto the property by County Employees, the Planning Commission, the Board of Supervisors, and the Board of Zoning Appeals during the normal discharge of their duties in regard to this request.

Date: _____ Signature of Owner/Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20____ Register # _____

My commission expires: _____ Notary Public: _____

OFFICE USE ONLY		
Date Received:	Pre-Application Meeting:	Application #: ZTA _____ :
\$550 fee paid: _____		
Public Hearings		
Planning Commission	Board of Supervisors	
Advertisement Dates:	Advertisement Dates:	
APO Notification:	APO Notification:	
Date of Hearing:	Date of Hearing:	
Decision:	Decision:	

Fluvanna County Department of Planning & Community Development * Box 540 * Palmyra, VA 22963 * (434)591-1910 * Fax (434)591-1911

This form is available on the Fluvanna County website: www.fluvannacounty.org

Form Updated June 21, 2017