Application Procedures

Conditional Change of Zoning

1. **A pre-application meeting is required.** Call 664-4752 for an appointment.
2. Contact the appropriate Civic League. Attendance at a Civic League meeting or a public meeting as organized by the applicant is required as part of a complete submission.
3. Meet with the Departments of Transit, and Recreation Parks and Open space for site recommendations prior to submittal of application.
4. Submit completed application with all required attachments including:
   - **Fee:** $1,375 check for required application fee made payable to the City of Norfolk (non-refundable). If a plaNorfolk2030 amendment is required, an additional processing fee of $15 will be charged.
   - **Physical Survey:** 8½ x 11-inch or 11 x 17-inch copy of a physical survey, drawn to scale and showing site conditions including existing structures, driveways, parking, property lines, and landscaping (see attached example).
   - **Conceptual Site Plan:** 8½ x 11-inch or 11 x 17-inch copy of a conceptual site plan drawn to scale and showing:
     - All proposed site improvements
     - Proposed structures
     - Drive aisles and parking with dimensions
     - Proposed changes to parcel/property lines (including lease lines)
     - All recommendations of Department of Transit and Recreation Parks and Open Space.
   - **Proffered conditions:** List of conditions proffered by applicant.
   - **Taxes:** Proof that all City taxes are current.
   - **Civic League:** Letter from Civic League or summary of public meeting.
   - **Deliver to:**
     - Department of Planning
       - 810 Union Street, Room 508
       - Norfolk, Virginia 23510
5. Provide a brief description of the request (what is the purpose of the rezoning).
6. Staff will review application to determine completeness.
7. Staff will conduct a site visit to post notice and photograph property (Applicant does not need to be present.)
8. Staff will advertise legal notice of application request in Virginian Pilot.
9. The Planning Commission will visit the site on the 2nd Wednesday of the month. (Applicant does not need to be present).
10. Applicant **must** attend public hearing:
   - Where: City Hall Building
     11th Floor, Council Chambers
   - Time: 2:15 p.m.

11. During the Commission’s hearing:
   Applicant must register to speak prior to the 2:30 hearing start time.
   - Staff will present application and recommendation with conditions.
   - Applicant/representative may make a presentation.
   - Proponents may speak.
   - Opponents may speak.
   - Time will be provided for rebuttal.

12. The Planning Commission will make a recommendation on the application at the hearing which is forwarded to City Council.

13. The item will be considered by City Council on the 4th Tuesday of the following month. The applicant must be present.
   - Where: City Hall Building
     11th Floor, Council Chambers
   - Time: 7:00 p.m.
Application
Conditional Change of Zoning

Date: ______________________

Change of Zoning:
From: _______ Zoning  To: Conditional_______Zoning

DESCRIPTION OF PROPERTY

Address: ___________________________________________________________________

Existing Use of Property: ______________________________________________________

Proposed Use: ______________________________________________________________

Current Building Square Footage: __________ Proposed Building Square Footage: __________

Trade Name of Business (If applicable): __________________________________________

APPLICANT*

1. Name of applicant: (Last) ______________________ (First) _____________________(MI) _____

Mailing address of applicant (Street/P.O. Box): _______________________________________

(City): ____________________________ (State): ________________ (Zip Code): ______________

Daytime telephone number of applicant: (     ) _______________

E-mail address: __________________________________________________

AUTHORIZED AGENT* (if applicable)

2. Name of applicant: (Last) ______________________ (First) _____________________(MI) _____

Mailing address of applicant (Street/P.O. Box): _______________________________________

(City): ____________________________ (State): ________________ (Zip Code): ______________

Daytime telephone number of applicant: (     ) _______________Fax: (     )_______________

E-mail address: ____________________________
Application
Conditional Change of Zoning
Page 2

PROPERTY OWNER*

3. Name of property owner: (Last)__________________(First) _______________(MI)____
Mailing address of property owner (Street/P.O. box): ______________________________________________________
(City): ____________________ (State): _______________ (Zip Code): ________________
Daytime telephone number of owner: (     ) ____________________
E-mail address: ________________________

*(If applicant/agent/property owner is a LLC or a Corp./Inc., include name of official representative and/or all partners)

CIVIC LEAGUE INFORMATION

Civic League contact: _______________________________________________________
Date meeting attended/held: _______________________________________________________
Ward/Super Ward information: __________________________________________________

CERTIFICATION

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

Print name: ___________________________ Sign: ____________________ (Property Owner) (Date)

Print name: ___________________________ Sign: ____________________ (Applicant) (Date)

(If Applicable)

Print name: ___________________________ Sign: ____________________ (Authorized Agent Signature) (Date)
APPLICATION

CONDITIONAL REZONING

Page 3

PROFERRED CONDITIONS

1) __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2) __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3) __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4) __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5) __________________________________________________________
   __________________________________________________________
   __________________________________________________________

*I hereby affirm that the proffered conditions are reasonable and appropriate:

Print name: ______________________ Sign: ______________________    ______________
(Property Owner)               (Date)

Print name: ______________________ Sign: ______________________   _______ ______ __
(Applicant)                     (Date)

(If Applicable)

Print name: ______________________ Sign: ______________________
(Authorized Agent Signature)    (Date)
EXAMPLE

Site Plan

This is to certify that I, on Nov. 19, 2007, surveyed the property shown hereon and that the title lines and physical improvements are as shown hereon. The improvements stand strictly within the title lines and there are no encroachments of other buildings except as shown.

SIGNED:

Notes:
1) The property shown hereon appears to lie in "C" flood zone according to F.E.M.A. Map Panel No. 510104-00100, Revised Apr. 17, 1984.
2) This survey was performed without the benefit of a title report, and may not show any/all easements affecting the property.

Department of City Planning
810 Union Street, Room 508
Norfolk, Virginia 23510
Telephone (757) 664-4752   Fax (757) 441-1569
(Revised July, 2019)
EXAMPLE
Conceptual Site Plan
(required for new construction or site improvements)
## Checklist

### Conditional Change of Zoning

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable (Staff to fill-out)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required application fee, <strong>$1,375.00</strong></td>
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<tr>
<td>Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline)</td>
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<tr>
<td>Has this proposal been coordinated with the appropriate Civic League(s) or a public meeting held?</td>
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<tr>
<td>Has this application been coordinated with the Department of Transit? (757) 664-7300</td>
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<td>Has this application been coordinated with Recreation, Parks and Open Space (757)-441-2400?</td>
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<td>One 8½ x 14 inch or 11 x 17-inch scaled copy of a physical survey</td>
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<tr>
<td>One 8½ x 14 inch or 11 x 17-inch scaled copy of a conceptual site plan</td>
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<tr>
<td>Signature of all property owners?</td>
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<tr>
<td>Is property in an AICUZ? Clear zone/Accident Potential Zone (APZ)/Noise zone</td>
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<td>Is property within ½ mile of another locality, or 3,000 feet of a military installation?</td>
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<td>Proof of all City Taxes paid?</td>
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</table>

Applicant Signature: ________________________________ Date: ________________

Staff Signature: ________________________________ Date: ________________