



Application Procedures

Request for Zoning Ordinance Text Amendment

1. A pre-application meeting is required. Call 664-4752 for an appointment.

- Deliver to:

- Department of Planning
810 Union Street, Room 508
Norfolk, Virginia 23510

2. Provide a brief description of text amendment request.

3. Staff will review application to determine completeness.

4. Staff will advertise legal notice of application request in Virginian Pilot.

5. Applicant **must** attend public hearing:

- Where: City Hall Building
11th Floor, Council Chambers
- Time: 2:15 p.m.

13. 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.

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

15. 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.

DEPARTMENT OF CITY PLANNING

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised September, 2015)



Application
Request for Zoning Ordinance Text Amendment

Date: _____

Zoning Ordinance Text Amendment

Amend Section(s) _____ Add New Section(s) _____

DESCRIPTION OF PROPERTY

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: _____

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: _____

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

CIVIC LEAGUE INFORMATION (IF APPLICABLE)

Civic League contact: _____

Date meeting attended/held: _____

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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)

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Checklist
Request for Text Amendment

| Item | Yes | No | Not Applicable (Staff to fill-out) | Comments |
|---|-----|----|---------------------------------------|----------|
| Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline) | | | | |
| Has this proposal been coordinated with the appropriate Civic League(s) or a public meeting held? | | | | |
| Mark-up of <i>Zoning Ordinance</i> text to be amended | | | | |

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____