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.
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: ( ) ______________ Fax: ( ) ______________

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: ________________________________________________________________

* (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: __________________________________________________________________
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)

(Print name: ___________________ Sign: ___________________ (Authorized Agent Signature) (Date) (If Applicable)
# Checklist

## Request for Text Amendment

<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>Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline)</td>
<td></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>Mark-up of <em>Zoning Ordinance</em> text to be amended</td>
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Applicant Signature: ____________________________ Date: _______________

Staff Signature: ____________________________ Date: _______________

DEPARTMENT OF CITY PLANNING  
810 Union Street, Room 508  
Norfolk, Virginia 23510  
Telephone (757) 664-4752  Fax (757) 441-1569  
(Revised September, 2015)