



**DEPARTMENT OF COMMUNITY DEVELOPMENT**

**PLANNING - BUILDING INSPECTIONS – ZONING**  
 207 WEST SECOND AVENUE, FRANKLIN VIRGINIA 23851  
 OFFICE: 757-562-8580 OR 757-562-8682

CASE # RZ \_\_\_\_\_ - \_\_\_\_\_ **Application for Rezoning** DATE: \_\_\_\_\_

**ALL APPLICATIONS MUST BE ACCOMPANIED BY NO LESS THAN 8 COPIES OF THE PROPOSAL.**

**PROJECT TYPE (s):** Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Mixed Use \_\_\_\_\_ Industrial \_\_\_\_\_  
**CURRENT ZONING:** \_\_\_\_\_ **PROPOSED ZONING:** \_\_\_\_\_ **CONDITIONAL:** \_\_\_ YES \_\_\_ NO  
*For Conditional Rezoning please list all proffers under separate cover complete with a narrative of the proposal.*  
 TOTAL ACRES: \_\_\_\_\_; PROPOSED # OF HOUSING UNITS: \_\_\_\_\_; # OF HOUSING UNITS PER ACRE: \_\_\_\_\_  
 % OF OPEN SPACE AREA FOR RECREATIONAL USE OR COMMUNITY FACILITIES SUCH AS WALKING PATHS, BIKE AND EXERCISE TRAILS, PLAYGROUNDS, SWIMMING POOLS, GYMNASIUMS, PLAYING FIELDS, TENNIS OR BASKETBALL COURTS, GARDENS, LANDSCAPED AREAS AROUND DWELLINGS AND OTHER BUILDINGS OR SIMILAR USES. \_\_\_\_\_%.

Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
**CHECK ONE:** \_\_\_ Design Professional \_\_\_ Owner \_\_\_ Agent \_\_\_ Contract Purchaser

Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**GENERAL DESCRIPTION OF PROPOSED DEVELOPMENT:** \_\_\_\_\_ -  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Enclosed:** \_\_\_\_\_ **Fiscal Impact Analysis:** \_\_\_\_\_ **Traffic Impact Analysis**

**PROJECT TITLE:** \_\_\_\_\_ **Design Professional:** \_\_\_\_\_ **Ph#** \_\_\_\_\_  
 THE REZONING REQUEST MUST BE ACCOMPANIED BY THE APPROPRIATE FEE.  
 REZONING FEE: \$500 PLUS THE COST OF THE REQUIRED ADVERTIZING  
 CONDITIONAL REZONING \$600 PLUS THE COST OF THE REQUIRED ADVERTIZING

**APPLICANT'S NAME (PRINT):** \_\_\_\_\_  
**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*FOR OFFICE USE ONLY.* CHECKS ARE TO BE MADE PAYABLE TO: **TREASURER CITY OF FRANKLIN**

(Comments) \_\_\_\_\_  
 \_\_\_\_\_  
 Submittal Received by: \_\_\_\_\_

*Date Received:*