

MIXED USE OVERLAY DISTRICT APPLICATION

For Office Use Only	Date Rec'd _____
	Fee \$ _____
	Rec'd by _____

Applicant: _____
 Name Address

 Phone Email

*If applicant is an LLC, a copy of the operating agreement must be submitted with the application.

Contact: _____
 (other than Name Address
 applicant)

 Phone Email

Underlying Zoning District: _____

Location of Property: _____

Legal Description: _____

Property Area, Square feet and/or Acres: _____

Use of Adjoining Properties:

North: _____ East: _____ South: _____ West: _____

 Signature of Owner

 Printed Name of Owner

OR

 Authorized Agent

 Printed Name of Authorized Agent

**MIXED USE OVERLAY DISTRICT
JUSTIFICATION FORM**

1. What type of development does the Norfolk Comprehensive Plan recommend for this area?

2. Does the Mixed Use Overlay District request conform to the Comprehensive Plan?

3. Is the proposed property in the Floodplain hazard area as delineated under the Federal Flood Insurance program?

4. What is the reason for the Mixed Use Overlay District?

5. How would this plan conform with adjacent properties' zoning?

6. What is the general character of the area?

7. Is adequate sewer and water available? How do you propose to provide adequate public utilities?
