

ZONING CHANGE 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

Current Zoning: _____ **Proposed Zoning:** _____

*If applying for M-U (Mixed Use) District, a copy of the plan must be submitted with the application.

Location of Property: _____

Legal Description: _____

Property Area, Square feet and/or Acres: _____

Use of Adjoining Properties:

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

Signature of Owner

Authorized Agent

OR

Printed Name of Owner

Printed Name of Authorized Agent

ZONING CHANGE JUSTIFICATION FORM

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

2. Does the zone change 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 justification for the zone change as it relates to the overall Land Use?

5. How would this zoning district 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?
