
TOWN OF SMITHFIELD

310 Institute Street, P. O. Box 246, Smithfield, VA 23431
(757) 365-4200 - Fax (757) 357-9933

REZONING APPLICATION

Date of Application

I (We), the undersigned, do hereby respectfully make applications and petition the Governing Body to amend the Zoning Ordinance and to change the Zoning Map of _____ as hereinafter requested and in support of this application, the following facts are shown:

1. The property sought to be rezoned is located at _____ between _____ and _____ on the _____ side of the street and known as lot(s) Number _____. It has a frontage of _____ feet, and a depth of _____ feet and is _____ acres.
2. The property sought to be rezoned is owned by: _____ as evidenced by deed from _____ recorded in Book _____, Page _____, Registry of Town of _____.
3. It is desired and requested that the foregoing property be rezoned _____ acres:
4. From: _____ To: _____
5. It is proposed that the property will be put to the following use(s): _____

6. It is proposed that the following buildings will be constructed: _____

7. It is proposed that the following setbacks and off-street parking provisions will be made: _____

8. Attached is a copy of the Vicinity Map.

ADDITIONAL INFORMATION

I (We) _____ have familiarized myself (ourselves) with the rules and regulations, which are required with respect to preparing and filling this application.

Applicants Signature:	_____	Telephone #	_____
Printed Name:	_____	Fax #	_____
Address:	_____		

Owners Signature:	_____	Telephone #	_____
Printed Name:	_____	Fax #	_____
Address:	_____		
