

PART 3- REQUIRED INFORMATION FOR APPLICATION: To be completed by applicant

The applicant must INITIAL next to each item and ATTACH materials in the order that is listed below. In addition, a thumb drive or other device shall be submitted to provide **digital copies** of all materials. All submittal requirements are explained in detail in Appendix B of the Unified Development Ordinance.

If you would like to request a waiver from certain submittal requirements, the attached Waiver Request Form must be completed and signed. If you are submitting voluntary proffers as part of a Conditional Rezoning Request, the attached Voluntary Proffer Statement must be completed and signed.

1. **Narrative description** of the property which shall include the Tax Map and Parcel Number, and a legal description, by metes and bounds, of the land to be reclassified. (3 copies) _____
2. **Narrative description of the proposed use(s)** on the property. (10 copies) _____
3. Statement of the **reasons for seeking such amendment** and **why the current zoning is incorrect**. (10 copies) _____
4. **Plat/Survey** which indicates the boundaries of the property to be rezoned and the existing zoning designation as well as the proposed zoning designation. Such plat or survey shall be accurate and suitable to identify the property in relation to street intersections or other physical features. (10 full size folded copies, 1 folded 11" x 17" copy) _____
5. **Conceptual layout (optional)** showing the proposed improvements, lots, active versus passive open space, etc., and any pertinent information for review. (10 full size folded copies, 1 folded 11" x 17" copy) _____
6. **Public Facilities Report** which complies with the requirements of Section 31-601, Adequate Public Facilities, of the Unified Development Ordinance. Refer to Appendix B, § B-19. (6 copies) _____
7. **Traffic Impact Study**. Refer to Appendix B, § B-21. (3 copies) _____
8. **Fiscal Impact Analysis**. Refer to Appendix B, § B-14. (3 copies) _____
9. **Major Water Quality Impact Assessment** if located in the Chesapeake Bay Preservation Area. Refer to Appendix B, § B-13. (3 copies) _____
10. **Soils Report**. Refer to Appendix B, § B-20. (3 copies) _____

PART 3 CONTINUED - REQUIRED INFORMATION FOR APPLICATION

11. A **Phase I Environmental Site Assessment** shall be required for any rezoning application that involves land disturbance for residential, assembly, day care, group home, recreation, school, library or similar use where there may be exposure to contaminants. Refer to Section 31-616. This would then indicate whether a Phase II ESA should be completed. (3 copies) _____

12. Any applicant requesting a conditional rezoning shall submit a **signed proffer statement with original signatures**. In addition, 9 copies shall be provided. _____

13. Such supplemental material as may be necessary. _____

PART 4- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts

This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent, which may be in the form of a binding contract of sale or a letter signed by the owner(s) authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

1. Applicant Information:

Name: _____ Company: _____
Address: _____ Phone Number: _____
Email: _____ Fax Number: _____
Applicant Signature: _____ Date: _____

2. Property Owner(s) Information (Complete if different from applicant):

Name: _____ Company: _____
Address: _____ Phone Number: _____
Email: _____ Fax Number: _____
Owner Signature 1: _____ Date: _____

Name: _____ Company: _____
Address: _____ Phone Number: _____
Email: _____ Fax Number: _____
Owner Signature 2: _____ Date: _____

3. Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):

Specify type of contact/relationship: _____
Name: _____ Company: _____
Address: _____ Phone Number: _____
Email: _____ Fax Number: _____
Signature: _____ Date: _____

Specify type of contact/relationship: _____
Name: _____ Company: _____
Address: _____ Phone Number: _____
Email: _____ Fax Number: _____
Signature: _____ Date: _____

REZONING APPLICATION - WAIVER REQUEST FORM

This form shall be submitted to the Director of Planning and Community Development and it must be approved **prior** to application submission. All required information listed in **Part 3** must be provided at the time of application submission unless a waiver is approved. Incomplete applications will not be accepted.

Project Address: _____

Applicant Phone Number: _____

Applicant Email Address: _____

In accordance with Appendix B, Section B-4 of the Unified Development Ordinance, the following reports shall be submitted for a Rezoning application. If you would like to request a waiver from one or more of the following requirements please check the appropriate boxes, provide a statement as to why the requirement(s) should be waived, and sign below.

- Public Facilities Report, Appendix B, § B-19
- Traffic Impact Study, Appendix B, § B-21
- Fiscal Impact Analysis, Appendix B, § B-14
- Major Water Quality Impact Assessment (if located within the Chesapeake Bay Preservation Overlay District), Appendix B, § B-13
- Soils Report, Appendix B, § B-20
- Environmental Site Assessment, Appendix B, § B-4 (e)(6)

Reasons as to why the above stated requirement(s) should be waived for this Rezoning Application:

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____

To be completed by Planning Division Staff:

Application Number (once processed): _____

Director Signature for Approval: _____ Date: _____

VOLUNTARY PROFFER STATEMENT

I hereby voluntarily proffer that the development of the property owned by me proposed for reclassification under this application shall be in strict accordance with the conditions set forth below.

The following conditions (add additional sheets if necessary) are voluntarily proffered for the reclassification of property identified as Tax Map Number(s) _____,
Block Number _____, Parcel Number(s) _____.

Applicant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____