

TOWN OF FLOYD

138 Wilson Street
Floyd, VA 24091
Phone (540) 745-2565 Fax (540) 745-6073
Email: katie@townoffloyd.org

REZONING/CONDITIONAL USE PERMIT APPLICATION

APPLICATION FOR: _____ Zoning _____ Rezoning _____ Conditional Use Permit

Landowner: _____	Agent (if applicable) _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

PROPERTY INFORMATION;

Location of Property: _____
Legal Record of Property: Tax Parcel Number(s) _____

ZONING PERMIT:

Zoning Classification _____

I am requesting a Zoning Permit to allow:

REZONING (If applying for rezoning, complete the following.)

Existing Zoning Classification _____

Desired Zoning Classification _____

Desired Use _____

CONDITIONAL USE PERMIT (If applying for conditional use permit, complete the following.)

Zoning Classification _____

Conditional Use Desired _____

I am requesting a Conditional Use Permit to allow:

Please check off the information you have submitted:

- _____ Application Form
- _____ List of adjoining property owners with their addresses and tax parcel numbers
- _____ Sketch of Property with the following:
 - _____ property boundaries outlined
 - _____ existing zoning
 - _____ existing land use
 - _____ existing structures
- _____ Map of the adjoining property with the following:
 - _____ existing zoning classification
 - _____ existing land use
 - _____ existing structures
 - _____ adjacent streets
- _____ Appropriate Fee
 - _____ Rezoning fee
 - _____ Conditional Use Permit Fee

I certify that the information supplied on this application and any attachments is accurate and true to the best of my knowledge. In addition, I hereby grant permission to the agents and employees of the Town of Floyd and State of Virginia to enter the above property for the purposes of processing and reviewing the above application.

I understand that Conditions may be placed on my property in regards to the above-mentioned use/activity. I also understand that Conditional Use Permit may be revoked and/or additional Conditional Use Permits required should questions regarding conformity arise.

Signature of Landowner(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

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This request was approved / disapproved by a vote of the Floyd Town Council or by the Town of Floyd Zoning Administrator on _____.

Any Conditions attached shall be considered requirements of the above request.

Kayla W. Cox, Town Manager

Date