

# TOWN OF FLOYD

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

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

Existing Zoning Classification \_\_\_\_\_

Desired Zoning Classification \_\_\_\_\_

Desired Use \_\_\_\_\_

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### 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:

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**Please check off the information you have submitted:**

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ List of adjoining property owners with their addresses and tax parcel numbers
- \_\_\_\_\_ Site Plan Review Checklist
- \_\_\_\_\_ 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: \_\_\_\_\_

Signature of Agent(s): \_\_\_\_\_ Date: \_\_\_\_\_

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.

\_\_\_\_\_  
Andrew C. Morris, Town Manager

\_\_\_\_\_  
Date