

**REZONING APPLICATION**

Town of Pulaski  
 42 1st Street, NW  
 Pulaski VA 24301

Phone: 540-994-8696  
 Fax: 540-994-8699



# Request for Rezoning

Date of Application: \_\_\_\_\_

**Property Owner Information**

Property Owner(s) Name	
Owner's Mailing Address	
City/State/ZIP Code	
Telephone Number	

**Agent or Applicant Information**

Agent or Applicant Name	
Business Name (if applicable)	
Mailing Address	
City/State/ZIP Code	
Telephone Number	

**Property Information**

Property Address/Location			
Deed Book Number		Page Number	
Tax Parcel Number			
Total Area		<input type="checkbox"/> Acres	<input type="checkbox"/> Square Feet
Current Use of Property			
Description of Existing Buildings/Structures			

**Requested Change**

Current Zoning Classification	
Desired Zoning Classification	

**Required Attachments**

- Sketch of property\*, including the following information:
1. Property boundaries outlined
  2. Location of existing buildings and structures
  3. Date
  4. North Arrow
  5. Scale
  6. Streets, driveways, intersections, curb cuts, and turning lanes of subject property
- Vicinity Map\* showing the property in relation to the adjacent area.
- \$350.00 fee

\*The sketch and maps may be from tax maps on file in the Engineering Department. The Town may provide if necessary.

**Payment of Public Notice Charges**

Under the Code of Virginia 15.2-2204 (B) costs of any legal notices that are required are the responsibility of the applicant and will be billed to the applicant. The Town will provide a list of adjacent property owners and bill the applicant for the certified mailing costs for each adjacent property owner at \$6.67 per property.

**I/We agree to pay all related advertising and mailing costs of the required legal notices and adjacent property owner notification letters as required under the Code of Virginia 15.2-2204 (B)**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Printed Name of Applicant

\_\_\_\_\_  
 Date

**Owner and Agent Signatures**

Both the applicant/agent and property owner must sign the application. Applicants are to complete the required Planning Commission process before beginning any construction, remodeling, demolition or other significant activities permitted under the Town's Zoning Regulations.

**I/We affirm and certify that I/we understand and will comply with the provisions and regulations of the Town of Pulaski Zoning Ordinance. I/we further certify that the statements in this application and any plans or papers submitted are true to the best of my/our knowledge and belief.**

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Printed Name of Property Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant/Agent

\_\_\_\_\_  
 Printed Name of Applicant/Agent

\_\_\_\_\_  
 Date