



801 Crawford Street, Portsmouth, Virginia 23704

Zoning Text Amendment Application Form

www.portsmouthva.gov/planning/

Notes:

1. A pre-application conference is mandatory prior to submission of an application for a zoning text amendment.

1. General Project Information

Project Address:

Tax Parcel Identification Number:

Project Name:

2. Written Description of Request – Amending the text of the Zoning Ordinance is a matter committed to the legislative discretion of the City Council and is not controlled by any one factor. In determining whether to adopt or deny the proposed amendment the City Council’s consideration may include, but not be limited to, the following factors so please answer all the questions under this section. Attach additional sheets as needed.

(a) Whether and the extent to which the proposed amendment is consistent with the comprehensive plan and any other applicable and adopted long range planning documents;

(b) Whether the proposed amendment is in conflict with any provision of this Ordinance and any other regulations contained in the City Code or other applicable regulations;

Project Address:

Tax Parcel Identification Number:

(c) Whether and the extent to which there are changed conditions that require an amendment;

(d) Whether and the extent to which the proposed amendment addresses a demonstrated community need;

(e) Whether and the extent to which the proposed amendment would result in a logical and orderly development pattern; and

(f) Whether and the extent to which the proposed amendment would result in significantly adverse impacts on the natural environment, including but not limited to water, air, noise, storm water management, wildlife, vegetation, floodplains, wetlands, and the natural functioning of the environment

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Zoning Ordinance Text Amendment Submittal Requirements

(One copy of each item is required, provided it is reproducible in an 8 ½" X 11" or 11" X 17" size and a digital copy is provided by CD memory stick or email; otherwise 20 copies are required, unless otherwise stated.)

A. General Information

<input type="checkbox"/>	Application form and fee
<input type="checkbox"/>	Applicant/owner information including name, address, phone number, email address, and status
<input type="checkbox"/>	Project name and City's project identification number
<input type="checkbox"/>	Pre-application conference material
<input type="checkbox"/>	Any other information determined to be necessary by the Planning Department

B. Description and Justification

<input type="checkbox"/>	Proposed text and image revisions or additions to the zoning ordinance text (if applicable)
<input type="checkbox"/>	Description of proposed use of rezoned site including type of site improvement, buildings, and activities anticipated



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Master Development Application Form

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- Notes:**
- All applications require the submission of this Master Development Application Form and the submission of a Specific Procedure Review Form for the proposed activity. Only one Master Development Application Form is required for each project, regardless of the number of actions, permits, or reviews required.
 - No action will take place, nor will the request be placed on any agenda, if staff determines that the application is not complete.
 - No application will be processed while violations exist on the property or if there are outstanding fines, taxes, liens, or other fees are owed to the City of Portsmouth.
 - A Certificate of Appropriateness is required prior to any activity in the D1 Downtown District or any Historic District (i.e., Olde Towne, Port Norfolk, Park View, Cradock, or Truxtun). See staff prior to application. A Certificate of Compliance (D2) is required prior to any activity in the D2 Uptown District (Form-Based Code).

1. General Project Information

Project Address:	
Tax Parcel Identification Number:	
Lot Area (in square feet):	
Zoning District:	

2. Proposed Activity – Please check all that apply

(PC) = A preapplication conference must be completed prior to submission of the Master Development Application Form.

Proposed Use:	
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Check all permits or reviews that apply:

<input type="checkbox"/> Zoning Verification Request	<input type="checkbox"/> Use Permit (PC)	<input type="checkbox"/> Zoning Compliance Permit (Signs)
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Compliance Permit	<input type="checkbox"/> Zoning Map Amendment (PC)
<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> Minor Subdivision
<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Type I Development Plan	<input type="checkbox"/> Major Subdivision (PC)
<input type="checkbox"/> Certificate of Compliance (D2)	<input type="checkbox"/> Variance Permit (PC)	<input type="checkbox"/> Subdivision Exception
<input type="checkbox"/> Wetland Permit	<input type="checkbox"/> Interpretation Request	<input type="checkbox"/> Encroachment
<input type="checkbox"/> Flood Plain Certificate	<input type="checkbox"/> Land Disturbance Permit	<input type="checkbox"/>
<input type="checkbox"/> Street Closure	<input type="checkbox"/> Chesapeake Bay Exception	
<input type="checkbox"/> Appeals	<input type="checkbox"/> Administrative Adjustment or Alternative Form of Compliance	

3. Primary Point of Contact Information

Please circle the preferred method of contact (mail, telephone, fax, or e-mail)

Primary Point of Contact Name:	
Mailing Address:	
Phone No.:	Fax No.:
Email:	

4. Property Owner Information (if different from the primary point of contact) <i>The property owner must sign a property owner consent box (See item number 5 on the following page.).</i>			
Property Owner Contact Name:			
Mailing Address:			
Phone No.:		Fax No.:	
Email:			

5. Property Owner(s) Consent	
Project Address:	
Tax Parcel Identification Number:	

The names, addresses, telephone numbers, and signatures of all owners of the property are required. Please attach additional sheets as needed. If a legal representative signs for a property owner, please attach an executed power of attorney. Faxed or photocopied signatures will not be accepted.

By signing this application below, I, as the owner of the property under review, give my endorsement of this application.

Property Owner or Authorized Signature:	Date Signed:
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If a business entity owns the property, the following is the name and title of the individual authorized to sign, as the property owner above, for such business entity.

Name of Person Authorized to Sign:	
Title of Person Authorized to Sign:	
Mailing Address:	
Phone No.:	

6. Applicant's Signature	
By signing this application below, I hereby attest to the truth and accuracy of all facts and information presented with this application.	
Applicant's Signature:	Date Signed:

OFFICE USE ONLY	Project Number (Tidemark):
Received By:	Received Date:
Accepted as Complete By:	Accepted Date: