



# Zoning Map Amendment (Rezoning) Application Form

801 Crawford Street, Portsmouth, Virginia 23704

[www.portsmouthva.gov/planning/](http://www.portsmouthva.gov/planning/)

**Notes:**

1. A pre-application conference is mandatory prior to submission of an application for a zoning map amendment.
2. A zoning map amendment application should be consistent with the comprehensive plan and therefore, may also require a comprehensive plan amendment, which should be approved prior to the zoning map amendment application.
3. The City Council may not apply conditions of approval to a zoning map amendment application.
4. If proffers are being offered, the proffer statements may not be less restrictive than the requested base zoning district standards.
5. If proffers are being offered, proffer statements may not be amended after the public notification of a public hearing to consider the application has been sent. The applicant may voluntarily offer proffered conditions as part of their application, which must be listed in a separate voluntary proffer statement in the format detailed in Sec. 40.1-2.2(M)(2) of the Zoning Ordinance

## 1. General Project Information

Project Address:			
Tax Parcel Identification Number:			
Project Name:			
Current Zoning District:		Proposed Zoning District:	
Does this application include proffers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## 2. Written Description of Request – Answer all the questions under this section. Attach additional sheets as needed.

A) Describe how existing conditions have changed, thereby making the proposed amendment valid.

B) Describe how the proposed amendment furthers the objectives of the comprehensive plan.

Project Address:

Tax Parcel Identification Number:

C) Describe why the proposed rezoning is necessary.

D) Describe the proposed use of the rezoned property including the proposed types of site improvements, buildings, and proposed activities.

E) Describe the existing conditions on the property including existing land uses, existing buildings, and the existing land uses and zoning districts on the abutting properties.

F) Provide a written description of any proffers that will be included in this application.

### 3. Submittal Requirement Checklist

*(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.)*

<input type="checkbox"/>	Pre-application conference completed
<input type="checkbox"/>	Master Development Application Form
<input type="checkbox"/>	Zoning Map Amendment without Proffers Application Form
<input type="checkbox"/>	Legal (metes and bounds) Description of Property
<input type="checkbox"/>	Copy of an approved Certificate of Appropriateness (COA) if located within the D1 Downtown district or within a historic district
<input type="checkbox"/>	Copy of an approved Certificate of Compliance (D2) if located within the D2 Uptown district
<input type="checkbox"/>	Application fee as established in the Portsmouth Fee Schedule identified in Appendix D of the Portsmouth Development Procedures Manual
<input type="checkbox"/>	Any other information as determined to be necessary by the Planning Department
<input type="checkbox"/>	Scaled drawing showing boundaries of property (scale 1"= 20' or larger, at least one plan set should be no larger than 11" by 17")
<input type="checkbox"/>	Elevations required if rezoning involves new construction or changes to an existing building
<input type="checkbox"/>	Transportation analysis, if required
<input type="checkbox"/>	Proposed proffers, if applicable
<input type="checkbox"/>	Conceptual master plan, if required
<input type="checkbox"/>	Statement of Design Standards, if applicable

**Additional Notes:**

The Zoning Map Amendment (Rezoning) Application process takes at least four (4) months. Complete applications shall be heard at one Planning Commission, which meets the first Tuesday of each month at 1:30 PM. Applications shall be heard at two (2) City Council meetings, which meet the second and fourth Tuesdays of each month at 7:30 PM.

Application Fee: \$880.00. Typically, the fees are non-refundable after application has been advertised.

Applicants are encouraged to speak with adjoining property owners and/or nearby civic leagues concerning proposed plans.



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# Master Development Application Form

[www.portsmouthva.gov/planning/](http://www.portsmouthva.gov/planning/)

- 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 <b>(PC)</b>	<input type="checkbox"/> Zoning Compliance Permit (Signs)
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Zoning Compliance Permit	<input type="checkbox"/> Zoning Map Amendment <b>(PC)</b>
<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 <b>(PC)</b>
<input type="checkbox"/> Certificate of Compliance (D2)	<input type="checkbox"/> Variance Permit <b>(PC)</b>	<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:	

<b>4. Property Owner Information</b> (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:			

<b>5. Property Owner(s) Consent</b>	
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.:	

<b>6. Applicant's Signature</b>	
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:

<b>OFFICE USE ONLY</b>	Project Number (Tidemark):
Received By:	Received Date:
Accepted as Complete By:	Accepted Date: