



Application Procedures **Conditional Change of Zoning**

1. **A pre-application meeting is required.** Call 664-4752 for an appointment.
2. Contact the appropriate Civic League. Attendance at a Civic League meeting or a public meeting as organized by the applicant is required as part of a complete submission.
3. Meet with the Departments of Public Works, and Recreation Parks and Open space for site recommendations prior to submittal of application.
4. Submit completed application with all required attachments including:
 - **Fee: \$1,375** check for required application fee made payable to the City of Norfolk (non-refundable). If a *plaNorfolk2030* amendment is required, an additional processing fee of **\$15** will be charged.
 - **Physical Survey:** 8½ x 11-inch or 11 x 17-inch copy of a physical survey, drawn to scale and showing site conditions including existing structures, driveways, parking, property lines, and landscaping (see attached example).
 - **Conceptual Site Plan:** 8 ½ x 11-inch or 11 x 17-inch copy of a conceptual site plan drawn to scale and showing:
 - All proposed site improvements
 - Proposed structures
 - Drive aisles and parking with dimensions
 - Proposed changes to parcel/property lines (including lease lines)
 - All recommendations of Department of Public Works and Recreation Parks and Open Space.
 - **Proffered conditions:** List of conditions proffered by applicant.
 - **Taxes:** Proof that all City taxes are current.
 - **Civic League:** Letter from Civic League or summary of public meeting.
 - **Deliver to:**
 - Department of Planning
810 Union Street, Room 508
Norfolk, Virginia 23510
5. Provide a brief description of the request (what is the purpose of the rezoning).
6. Staff will review application to determine completeness.
7. Staff will conduct a site visit to post notice and photograph property (Applicant does not need to be present.)
8. Staff will advertise legal notice of application request in *Virginian Pilot*.
9. The Planning Commission will visit the site on the 2nd Wednesday of the month. (Applicant does not need to be present).

DEPARTMENT OF CITY PLANNING
810 Union Street, Room 508
Norfolk, Virginia 23510
Telephone (757) 664-4752 Fax (757) 441-1569
(Revised July, 2019)

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10. Applicant **must** attend public hearing:

- Where: City Hall Building
11th Floor, Council Chambers
- Time: 2:15 p.m.

11. During the Commission's hearing:

Applicant must register to speak prior to the 2:30 hearing start time.

- Staff will present application and recommendation with conditions.
- Applicant/representative may make a presentation.
- Proponents may speak.
- Opponents may speak.
- Time will be provided for rebuttal.

12. The Planning Commission will make a recommendation on the application at the hearing which is forwarded to City Council.

13. The item will be considered by City Council on the 4th Tuesday of the following month. The applicant must be present.

- Where: City Hall Building
11th Floor, Council Chambers
- Time: 7:00 p.m.

DEPARTMENT OF CITY PLANNING

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**Application
Conditional Change of Zoning**

Date: _____

Change of Zoning:

From: _____ Zoning To: Conditional _____ Zoning

DESCRIPTION OF PROPERTY

Address: _____

Existing Use of Property: _____

Proposed Use: _____

Current Building Square Footage: _____ Proposed Building Square Footage: _____

Trade Name of Business (If applicable): _____

APPLICANT*

1. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City): _____ (State): _____ (Zip Code): _____

Daytime telephone number of applicant: () _____

E-mail address: _____

AUTHORIZED AGENT* (if applicable)

2. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City): _____ (State): _____ (Zip Code): _____

Daytime telephone number of applicant: () _____ Fax: () _____

E-mail address: _____

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PROPERTY OWNER*

3. Name of property owner: (Last) _____ (First) _____ (MI) _____

Mailing address of property owner (Street/P.O. box): _____

(City): _____ (State): _____ (Zip Code): _____

Daytime telephone number of owner: () _____

E-mail address: _____

*(If applicant/agent/property owner is a LLC or a Corp./Inc., include name of official representative and/or all partners)

CIVIC LEAGUE INFORMATION

Civic League contact: _____

Date meeting attended/held: _____

Ward/Super Ward information: _____

CERTIFICATION

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

Print name: _____ Sign: _____
(Property Owner) (Date)

Print name: _____ Sign: _____
(Applicant) (Date)

(If Applicable)

Print name: _____ Sign: _____
(Authorized Agent Signature) (Date)

PROFFERED CONDITIONS

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

***I hereby affirm that the proffered conditions are reasonable and appropriate:**

Print name: _____ Sign: _____
(Property Owner) (Date)

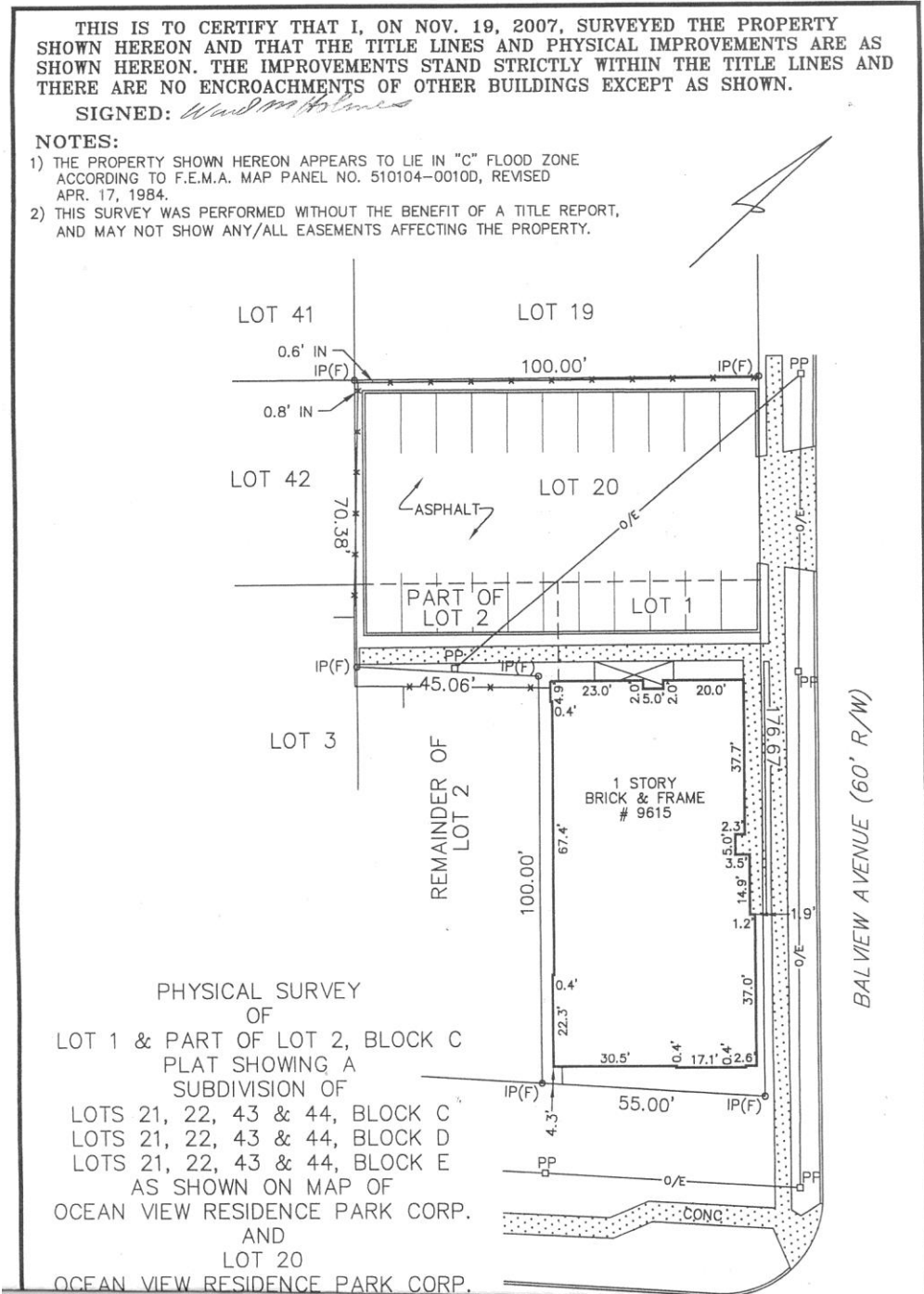
Print name: _____ Sign: _____
(Applicant) (Date)

(If Applicable)

Print name: _____ Sign: _____
(Authorized Agent Signature) (Date)

EXAMPLE

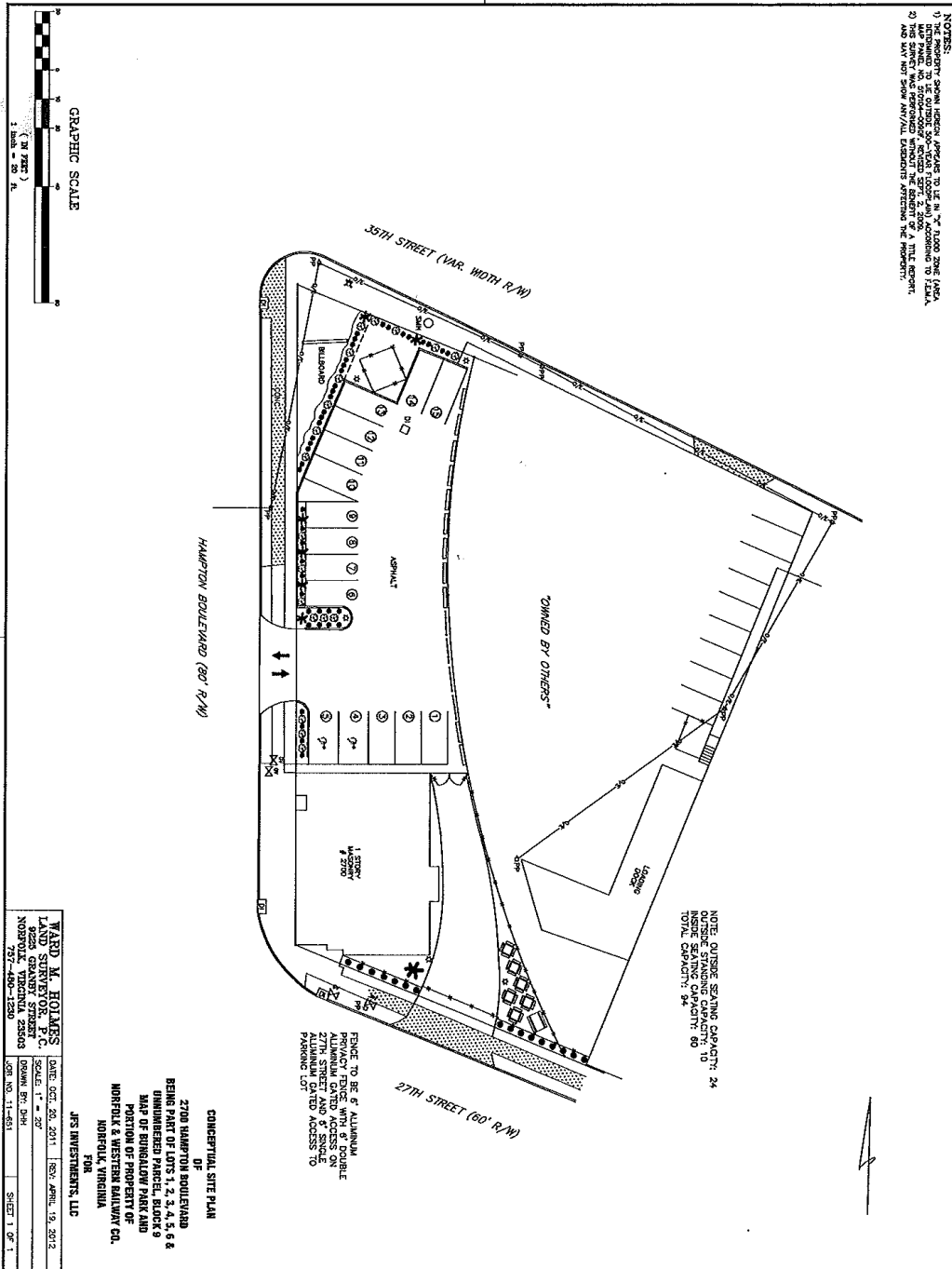
Site Plan



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EXAMPLE

Conceptual Site Plan
(required for new construction or site improvements)



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Checklist

Conditional Change of Zoning

Item	Yes	No	Not Applicable (Staff to fill-out)	Comments
Required application fee, <u>\$1,375.00</u>				
Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline)				
Has this proposal been coordinated with the appropriate Civic League(s) or a public meeting held?				
Has this application been coordinated with the Transportation Division of Public Works (757) 664-7300?				
Has this application been coordinated with Recreation, Parks and Open Space (757)-441-2400?				
One 8½ x 14 inch or 11 x 17-inch scaled copy of a physical survey				
One 8½ x 14 inch or 11 x 17-inch scaled copy of a conceptual site plan				
Signature of all property owners?				
Is property in an AICUZ? Clear zone/Accident Potential Zone (APZ)/Noise zone				
Is property within ½ mile of another locality, or 3,000 feet of a military installation?				
Proof of all City Taxes paid?				

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____