

**MUNICIPAL CORPORATION OF CAPE CHARLES, VIRGINIA**

Application for Zoning Map Amendment

Zoning Map Amendment Number: \_\_\_\_\_ Date: \_\_\_\_\_

Map Reference: \_\_\_\_\_ Tax Map Sheet: \_\_\_\_\_  
Parcel: \_\_\_\_\_  
Deed Book: \_\_\_\_\_

To the Governing Body of the Town of Cape Charles, Virginia

1. I/We \_\_\_\_\_ owner(s) contract owner(s)

2. of \_\_\_\_\_ (Mailing Address)  
\_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax)

3. do hereby petition you to amend the Zoning Map of the Town of Cape Charles, Virginia, by reclassifying and rezoning from the \_\_\_\_\_ District to the \_\_\_\_\_ District the property described as follows and shown on the attached plat and outlined in red attached hereto, which is made a part of the application.

4. \_\_\_\_\_ (Address of Property, if any)  
\_\_\_\_\_ (Magisterial District)  
\_\_\_\_\_ (Total Area - acres or sq. ft.)

5. Property Location \_\_\_\_\_  
\_\_\_\_\_

6. Description of Property (attach if described by metes and bounds) \_\_\_\_\_  
\_\_\_\_\_

7. Proposed Use \_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_ (Name of Owner of Record)  
\_\_\_\_\_ (Address)

9. Signature of Owner(s) \_\_\_\_\_

Signature of Contract Owner(s) \_\_\_\_\_

By: \_\_\_\_\_ (Agent)

\_\_\_\_\_ (Address and phone)

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(Office Use Only)

	Date	Time	Action
Planning Commission Public Hearing;	(1) _____		
	(2) _____		
Town Council Public Hearing:	(1) _____		
	(2) _____		

Supplemental Information Required (check appropriate items)

Legal Plat

Plan of Development

Other \_\_\_\_\_

Fee: Single Family \$300 + \$50 ac. Multi-Family \$600 + \$70 ac. Commercial \$600 + \$70 ac.