



**Town of Onancock**

**Application for Rezoning**

Parcel Street Address: \_\_\_\_\_ Parcel Tax Map I.D.: \_\_\_\_\_

Current Owner Name: \_\_\_\_\_

Current Owner Address: \_\_\_\_\_

Current Owner Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_ Applicant Telephone Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Proposed use of property: \_\_\_\_\_

What purpose will be served by rezoning this property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the applicant is not the current owner, written authorization by the owner designating the applicant as the authorized agent for all matters concerning this request must accompany this application.

A fee in the amount of \$150 must accompany this application. If a public hearing is held, the cost of advertising said public hearing shall be reimbursed by the applicant no matter the outcome of the application.

\_\_\_\_\_  
Applicant signature                      Date

\_\_\_\_\_  
Town Manager signature                      Date