Town of Shenandoah
426 First Street
Shenandoah VA 22849
(540) 652-8164

REZONING APPLICATION INSTRUCTIONS

It is the responsibility of the applicant to complete this form in its entirety and as precisely as possible.

A ***non-refundable*** filing fee of **$500.00** is due when application is returned. This fee covers the Town's cost of advertising for the required Public Hearing for the proposed Rezoning. Checks should be made payable to **Town of Shenandoah.** Credit/debit cards are also accepted.

Please return the following documentation along with the completed application and payment:

1. A copy of the deed to the property (may be obtained from the Page County Circuit Court). Also, a copy of the paid tax receipt for the property.
2. A copy of the survey plat by a Virginia-licensed and registered land surveyor. If a plat is not available, please attach a hand-drawn sketch of the property. All existing buildings must be shown on the property, with the proposed use clearly designated on the plat or drawing.
3. If the Rezoning request is approved, the applicant is responsible for obtaining any other required permits from other pertinent agencies, as well as meeting all requirements for the Town of Shenandoah Code of Ordinances.
4. A Joint Public Hearing will be held by the Shenandoah Town Council and the Planning Commission.
5. The Town will notify ALL the property owners adjoining, adjacent to, across the street from, and abutting the property by Letter of Intent.
    a. The Letter of Intent will contain:
        i. Name of Applicant and Address
        ii. Reason for the Special Use Permit (i.e., any use that does not meet the Town Zoning Ordinance)
        iii. Time, Date and Location of Public Hearing
    b. The Letter of Intent will be sent at least five (5) days but no more than 21 days PRIOR to the date of the public hearing.
6. Letters of Intent will be sent via certified mail OR hand-delivered with a signature obtained as proof of notification.

Questions may be directed to the Town Hall at (540) 652-8164. Hours of operation are 8:30 a.m. to 5 p.m. Monday through Friday. The office is closed daily for lunch from 12 noon to 1 p.m.

Please note: ADDITIONAL INFORMATION MAY BE REQUIRED IF THE TOWN DETERMINES IT IS NECESSARY TO ENSURE THE REQUEST CONFORMS WITH THE TOWN OF SHENANDOAH SUBDIVISION OR ZONING ORDINANCES.

Town of Shenandoah
426 First Street
Shenandoah VA 22849
(540) 652-8164

REZONING APPLICATION

DATE: _____ **FEE: $500.00**

The applicant is the ☐ **OWNER** ☐ **TENANT (check one)**

OWNER'S Name_____

Address: _____

Phone: _____

APPLICANT'S Name_____

Address: _____

Phone: _____

1. Address of property where business will be located: _____
2. Size of property: _____
3. Tax Map number:_____
4. Proposed Use: _____
5. Property rezoning: FROM_____ TO _____

I (we) the undersigned do hereby certify that the above information is correct and true. I (we) further understand that if this application is approved, the Town of Council will require that I (we) comply with all regulations of the Shenandoah Town Code of Ordinances.

Furthermore, as applicant for this Special Use Permit request, I (we) the undersigned, hereby acknowledge that I (we) have faithfully and correctly provided names and complete mailing addresses of all property owners that are adjoining, adjacent, abutting and across the street (or alley) from my property. **I (we) understand that I (we) am (are) responsible for notification of this Rezoning Request to all property owners adjoining, adjacent, abutting and across the street or alley from my property.** I (we) further understand that failure to notify ALL necessary property owners will result in additional costs and notices mailed and will delay the process until proper notification has been given to ALL required property owners.

Signature of Owner(s):_____

Signature of Applicant(s):_____

****

OFFICE USE ONLY:

NAMES AND COMPLETE MAILING ADDRESSES OF ALL ADJACENT PROPERTY OWNERS, INCLUDING ACROSS ANY STREET OR OF RIGHT-OF-WAY. (Continue on a separate sheet if necessary).

1. OWNER'S Name_____

Address: _____

2. OWNER'S Name_____

Address: _____

3. OWNER'S Name_____

Address: _____

4. OWNER'S Name_____

Address: _____

5. OWNER'S Name_____

Address: _____

Dates public hearing was advertised: _____
Date of public hearing: _____
Action of Town Council: ☐ APPROVED ☐ DENIED

_____
Clinton O. Lucas, Jr., Mayor