



Town of Onancock REZONING APPLICATION

All requests for land use changes or development require this application.

Project Name: _____

Street address: _____

Parcel ID (all): _____

Current Zoning Classification: _____

Proposed Zoning Classification: _____

Project Description

Include location of request, Tax Map Number(s), parcel size, ingress/egress, infrastructure description, and any other pertinent information. Attach additional documents if necessary.

Property Owner (Applicant) Information:

Owner Name: _____

Mailing Address: _____

Phone No: _____ E-mail: _____

Representative Information :

Firm Name: _____ Main Office No: _____

Address: _____

On-Site Supervisor: _____ Cell: _____

Business License #: _____ E-mail: _____

Est. Start Date: _____ Est. Finish Date: _____

Advertising Details

☐	1	Eastern Shore Post – First Date Advertised - _____
☐	2	Eastern Shore Post – Second Date Advertised - _____

Planning Commission Hearing Details

☐	1	Planning Commission Hearing
		Date: _____
		Planning Commission Action

Town Council Hearing Details

☐	1	Town Council Hearing
		Date: _____ Town Council Action

For Town Use ONLY:

Facility Charge Information

The fee for a rezoning application and process is \$250 plus advertising costs.

Project Submittal Application

I, _____, certify that this office has received the required survey plat and/or site plans attached to this application for the referenced property, and they are currently under review and being field verified.

Name: _____ Position Title: _____
Signature: _____ Date: _____

Permit Approval

I, _____, certify that the application and its submittals have been reviewed against current code and field verified and I approve the application for the Town of Onancock to begin its building permit and inspection process.

Name: _____ Position Title: _____
Signature: _____ Date: _____
Jurisdiction: _____

Permit Denial

I, _____, certify that the application and its submittals have been reviewed against current code and field verified and I deny the application for the reasons detailed below.

Name: _____ Position Title: _____

Signature: _____

Date: _____

Jurisdiction: _____

Reason for denial:

Submittal Signature

Applicant

Name _____

Address _____

Title _____

Signature _____

Date _____

Representative

Name _____

Address _____

Title _____

Signature _____

Date _____