

Town of Front Royal
Department of Planning and Zoning
102 East Main Street
PO Box 1560
Front Royal, VA 22630

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planning@frontroyalva.com

Permit # _____
Fee Amt: **\$650.00** _____
Date Paid: _____
Date Received: _____

ORDINANCE AMENDMENT APPLICATION

APPLICANT:

NAME: _____ PHONE: _____

ADDRESS _____

E-MAIL _____

TYPE OF REQUEST – Please mark type of request and complete information.

☐ **ZONING ORDINANCE TEXT AMENDMENT**

Code Section: _____

Description of amendments: _____

☐ **LAND SUBDIVISION TEXT AMENDMENT**

Code Section: _____

Description of amendments: _____

REQUIRED MATERIALS LIST

- ☐ One (1) copy of application (this form completed).
- ☐ Letter explaining request and public purpose necessitating the amendment.
- ☐ Fee (☐ check made payable to the **Town of Front Royal**, ☐ cash, or ☐ credit/debit card.
- ☐ Copies of text amendment.

All public hearing materials must be submitted at one time by 4:30 PM on the deadline date for the next regular meeting in order to be placed on the agenda. **Only complete applications, which include all the above materials, will be accepted.**

I/we hereby certify that I/we own property within the Town of Front Royal and that the above information is complete and correct.

SIGNATURE: _____

Applicant

DATE: _____