

TOWN OF WINDSOR

Zoning Map Amendment



Planning and Zoning
Administrator
(757)242-4288

Established 1902

Property Owner(s) _____ Owners Ph.# _____

Owners Mailing Address _____

Applicant (if different from Owner) _____ Ph# _____

E-Mail _____

Agent-Correspondence should be sent to _____

Address/location of Subject Property _____

Tax Map Number _____ Proposed Zoning District _____ Present Zoning District _____

Parcel Size _____ Street Frontage _____

Are there proffered conditions with this rezoning (if so please submit an original set of proffers signed by the owner). Yes _____ No _____

Purpose of this Zoning Map
Amendment _____
(If more room is needed – refer to and write a narrative and attach to this application)

Is this request in general accord with the current Town of Windsor Comprehensive
Plan? _____

If no, is a Comprehensive Plan revision being submitted concurrently with this application?
(Please submit a siteplan of the proposed rezoning including any new structures, streets,
driveways and any other amenities that are present or to be constructed on the property,
including structures or streets/driveways to be removed or moved. An application is not
considered to be complete without such a siteplan).

Are there structures on the property, and if yes, will they be re-used or removed? _____

If the property is vacant or if new structures are envisioned, what types (and sizes) of structures
and how many such structures will be constructed if this property is rezoned (please provide
what the proposed structures will look like? _____

Number of Parking Spaces Required and how many are being provided? _____

Are there Chesapeake Bay Resource Protection Areas on the property? _____

Was a Traffic Impact Analysis (TIA) required for this Request? _____ If yes, has the Virginia Department of Transportation (VDOT) approved it?

(If not, the application cannot proceed until this review is completed) (Please include a copy of the TIA and VDOT's response with this application and provide an explanation of how VDOT's comments are being addressed.)

Are there adequate water and sewer facilities to serve the proposed use that would follow this rezoning (if not, how will these facilities be provided)? _____

What are the properties zoned and what is the use of the properties on the property adjacent to the subject property?

NORTH- Zoning _____ Use(s) _____

SOUTH- Zoning _____ Use(s) _____

EAST- Zoning _____ Use(s) _____

WEST- Zoning _____ Use(s) _____

I/WE HAVE READ THIS COMPLETED APPLICATION, UNDERSTAND ITS INTENT AND FREELY CONSENT TO ITS FILING. THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. I UNDERSTAND THAT THE TOWN MAY APPROVE OR DENY THE REQUEST FOR WHICH I AM APPLYING. FURTHERMORE, I GRANT PERMISSION TO THE PERSONNEL OF THE TOWN AND OTHER AGENTS OF THE TOWN OF WINDSOR AND ANYOTHER AUTHORIZED GOVERNMENT AGENCY TO ENTER THE PROPERTY AND MAKE SUCH INVESTIGATIONS AS THEY DEEM NECESSARY TO EVALUATE THE REQUEST.

Name _____ Signature (Applicant) _____

(Print)

(owner / contract purchaser / authorized agent – please circle one) Date _____

NOTARY: COUNTY OF _____ STATE OF _____

Subscribed and sworn to me on the _____ day of _____, of the year

_____. My Commission expires on _____. Notary Public Signature:

_____ Stamp:

STAFF USE ONLY- DO NOT WRITE IN THIS AREA

Fee Paid _____ Date _____ Accepted by Signature/Title _____

Comments _____
