



City of Poquoson
500 City Hall Avenue
Poquoson, Virginia 23662
(757) 868-3040

APPLICATION FOR REZONING

Date: _____, 20__

To the Planning Commission/City Council of the City of Poquoson:

I/We, _____,

the undersigned owner(s) of the described property:

hereby request a change of the zoning classification from _____ to _____ for the following reasons:

I hereby authorize City representatives to have access to the subject property during reasonable hours.

Signature of property owner(s):

Name: _____

Address: _____

Phone No: Home _____ Work _____ Cell _____

Signature of person(s) representing application (if other than owner):

Name: _____

Address: _____

Phone No: Home _____ Work _____ Cell _____

Include with this application:

- A surveyed plat of the property
- \$572 fee to cover advertising cost. Make check payable to "City of Poquoson". Additional costs to be determined after application is submitted for notification of adjacent property owners.

Date Paid _____ Treasurer's Office Payment Certification _____