



www.lexingtonva.gov

Planning & Development Department
P.O. Box 922
300 East Washington Street
Lexington, Virginia 24450
Phone: (540) 462-3704 Fax: (540) 463-5310

APPLICATION FOR ZONING ORDINANCE/COMP PLAN AMENDMENT

Applicant1

Name: Phone:

Company: Fax:

Address: Email:

Applicant's Signature: Date:

Proposal Information2

Code/Plan Section(s) to be Amended3:

Proposed Text/Amendment (attach additional sheets if necessary):

- 1. Prior to submitting an application, the applicant is required to meet with staff for a pre-application meeting.
2. Any application deemed incomplete by staff will not be accepted.
3. If the amendment proposes to replace existing text, please provide a full copy of the existing text for the affected section.

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Application Fee: \$350 Amount Paid: Case Number: ZTA/CPA-

Date Received: Received By:

Public Hearings

Planning Commission

City Council

Legal Ad Dates:

Public Hearing Date:

Action: