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

## APPLICATION FOR ZONING ORDINANCE AMENDMENT

### Applicant<sup>1</sup>

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Proposal Information<sup>2</sup>

Code Section(s) to be Amended<sup>3</sup>: \_\_\_\_\_

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: \$400** Amount Paid: \_\_\_\_\_ Case Number: ZOA- \_\_\_\_\_ - \_\_\_\_\_

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

#### Public Hearings

##### Planning Commission

##### City Council

Legal Ad Dates: \_\_\_\_\_ Legal Ad Dates: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_ Public Hearing Date: \_\_\_\_\_

Action: \_\_\_\_\_ Action: \_\_\_\_\_

**NON REFUNDABLE**