

**Town of Onancock
REZONING APPLICATION**

All requests for land use changes or development require this application.

Project Name: _____

Street address: _____

Parcel ID (all): _____

Current Zoning Classification: _____

Proposed Zoning Classification: _____

Project Description

Include location of request, Tax Map Number(s), parcel size, ingress/egress, infrastructure description, and any other pertinent information. Attach additional documents if necessary.

Property Owner (Applicant) Information:

Owner Name: _____

Mailing Address: _____

Phone No: _____

E-mail: _____

Representative Information :

Firm Name: _____

Main Office No: _____

Address: _____

On-Site Supervisor: _____

Cell: _____

Business License #: _____

E-mail: _____

Est. Start Date: _____

Est. Finish Date: _____

Advertising Details

<input type="checkbox"/>	1	Eastern Shore Post – First Date Advertised - _____
<input type="checkbox"/>	2	Eastern Shore Post – Second Date Advertised - _____

Planning Commission Hearing Details

<input type="checkbox"/>	1	Planning Commission Hearing Date: _____ Planning Commission Action
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Town Council Hearing Details

<input type="checkbox"/>	1	Town Council Hearing Date: _____ Town Council Action
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For Town Use ONLY:

Facility Charge Information

The fee for a rezoning application and process is \$250 plus advertising costs.

Project Submittal Application

I, _____, certify that this office has received the required survey plat and/or site plans attached to this application for the referenced property, and they are currently under review and being field verified.

Name: _____

Position Title: _____

Signature: _____

Date: _____

Permit Approval

I, _____, certify that the application and its submittals have been reviewed against current code and field verified and I approve the application for the Town of Onancock to begin its building permit and inspection process.

Name: _____

Position Title: _____

Signature: _____

Date: _____

Jurisdiction: _____

Permit Denial

I, _____, certify that the application and its submittals have been reviewed against current code and field verified and I deny the application for the reasons detailed below.

Name: _____

Position Title: _____

Signature: _____

Date: _____

Jurisdiction: _____

Reason for denial:

Submittal Signature

Applicant

Representative

Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Signature _____

Signature _____

Date _____

Date _____