



Application for
Rezoning

OFFICE USE ONLY
Date Received:

Complete this application in its entirety and submit pages 4 and 5 along with the required materials (including any required supplements) as listed on page 2 to the address below:

City of Hampton
Community Development Department, Planning Division
22 Lincoln Street, 5th Floor
Hampton, Virginia 23669

Case Number: RZ 17 - 00005

1. PROPERTY INFORMATION

Address or Location SEE ATTACHED

LRSN SEE ATTACHED Current Zoning District M-2, M-3, C-3 Proposed Zoning District DT-1

Current Land Use _____

Proposed Land Use _____

The proposed use will be in: an existing building a new addition a new building

2. PROPERTY OWNER INFORMATION (an individual or a legal entity may be listed as owner)

Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name City of Hampton

Address 22 Lincoln Street City Hampton State VA Zip 23669

Phone 757-727-6301 Email LUCY.STOLL@HAMPTON.GOV

4. APPLICANT AGENT INFORMATION (if different from applicant)

Agent's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____