



**Town of Shenandoah
 426 First Street
 Shenandoah VA 22849
 (540) 652-8164**

REZONING APPLICATION

DATE: _____

FEE: \$500.00

The applicant is the **OWNER** **TENANT (check one)**

OWNER'S Name _____

Address: _____

Phone: _____

APPLICANT'S Name _____

Address: _____

Phone: _____

1. Address of property where business will be located: _____
2. Size of property: _____
3. Tax Map number: _____
4. Proposed Use: _____
5. Property rezoning: FROM _____ TO _____

Adjoining, Adjacent, Across the Street and Abutting Property Owners Information:

NAME	ADDRESS

Continue on back if necessary. Names and address of Owners may be obtained at Town Hall.

I (we) the undersigned do hereby certify that the above information is correct and true. I (we) further understand that if this application is approved, the Town of Council will require that I (we) comply with all regulations of the Shenandoah Town Code of Ordinances.

Furthermore, as applicant for this Special Use Permit request, I (we) the undersigned, hereby acknowledge that I (we) have faithfully and correctly provided names and complete mailing addresses of all property owners that are adjoining, adjacent, abutting and across the street (or alley) from my property. **I (we) understand that I (we) am (are) responsible for notification of this Rezoning Request to all property owners adjoining, adjacent, abutting and across the street or alley from my property.** I (we) further understand that failure to notify ALL necessary property owners will result in additional costs and notices mailed and will delay the process until proper notification has been given to ALL required property owners.

Signature of Owner(s): _____

Signature of Applicant(s): _____

<p>OFFICE USE ONLY: Planning Commission and Town Council</p> <p>Dates Public Hearing Advertised: _____</p> <p>Date Public Hearing Held: _____</p> <p><u>Action of Planning Commission</u> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><u>Action of Town Council</u> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p>_____</p> <p><i>Mayor</i></p>
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