



# CITY OF POQUOSON

PLANNING DEPARTMENT

500 CITY HALL AVENUE, POQUOSON, VIRGINIA 23662-1996  
(757) 868-3040 TELEPHONE (757) 868-3105 FAX

## APPLICATION TO AMEND THE COMPREHENSIVE PLAN

Date: \_\_\_\_\_, 20\_\_

To the Planning Commission/City Council of the City of Poquoson:

I/We, \_\_\_\_\_,

the undersigned owner(s) of the described property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

hereby request a change of the Future Land Use zoning classification from  
\_\_\_\_\_ to \_\_\_\_\_ for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED)

I HEREBY AUTHORIZE CITY REPRESENTATIVES TO HAVE ACCESS TO THE PROPERTY DURING REASONABLE HOURS.

SIGNATURE OF PROPERTY OWNER(S):

X \_\_\_\_\_

X \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE OF PERSON REPRESENTING APPLICATION:  
(IF OTHER THAN OWNER)

X \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

INCLUDE WITH THIS APPLICATION:

1. A \$514 FEE TO COVER ADVERTISING COST. MAKE CHECK PAYABLE TO "CITY OF POQUOSON".
2. A SURVEYED PLAT OF THE PROPERTY.