



For Office Use:
Petition No.: _____
Date: _____

Pulaski County, Virginia
Community Development
 143 Third St., N.W., Suite 1
 Pulaski, VA 24301
 Phone: (540) 980-7710
 Fax: (540) 980-7717

ZONING APPLICATION

If you are uncertain of any information that is required, you may ask for assistance at the front desk.

APPLICANT: _____ Phone: Day: _____
 Evening: _____
 Cell: _____
 Address: _____

OWNER(S) (if different from above): _____
 Day: _____
 Phone: Evening: _____
 Cell: _____
 Address: _____

The undersigned hereby petition the Pulaski County Planning Commission and/or the Pulaski County Board of Supervisors to: (check one or more)

Amend the text of the zoning ordinance as follows (use additional pages, if necessary) :

Site plan approval (Zoning Administrator):

Amend the zoning map as follows:
 From: _____ Existing Zoning Classification
 To: _____ Desired Zoning Classification

Issue Use Permit
 Special Use Permit (SUP) to allow _____

FOR OFFICE USE ONLY

SITE INFORMATION:

Magisterial District _____ Existing Zone _____ Acreage: _____

Tax Map No. of Property _____

Location: N E S W _____ side of Route No. _____ about _____ (feet, yards, miles)

From _____

AND

Address (Four-digit/Street or Route No./Road Name): _____

Current Use of Property: _____

REASONS FOR REQUEST: _____

I (we) certify that I (we) have familiarized myself (ourselves) with the rules and regulations of the Pulaski County Zoning Ordinance with respect to preparing and filing this application, that the foregoing statements and answers herein contained are in all respects true and correct to the best of my (our) knowledge and belief and that I am (we are) the owner(s)/contract owner(s) of the property involved in this application.

Applicant's Signature:

Print or Type

Signature

Address: _____

Property Owner's Signature (if different from above):

Print or Type

Signature

Address: _____