



PCR # \_\_\_\_\_

Date \_\_\_\_\_

**REZONING APPLICATION**

City of Williamsburg  
401 Lafayette Street  
Williamsburg, VA 23185-3617  
(757) 220-6130 FAX: (757) 220-6130

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone/Fax Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone/Fax Number \_\_\_\_\_  
E-mail \_\_\_\_\_

Representative \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Phone/Fax Number \_\_\_\_\_

Location of Request \_\_\_\_\_

Tax Map Number \_\_\_\_\_

Lot Area \_\_\_\_\_

Existing Zoning \_\_\_\_\_

Proposed Zoning \_\_\_\_\_

I/We, as (Owner) (Contract Purchaser with Owner's Written Consent) (Owner's Agent) of the property mentioned above, hereby petition the Williamsburg City Council to approve the above described rezoning proposal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expiration

Statement by Applicant

\_\_\_\_\_  
Planning Commission Public Hearing

Date

Planning Commission Action

\_\_\_\_\_  
Action Date

\_\_\_\_\_  
City Council Public Hearing

Date

City Council Action

\_\_\_\_\_  
Action Date