



Application Requiring a Public Hearing

Department of Planning, Zoning & Wetlands P.O. Box 839, 50 Brickbat Road, Mathews, Virginia 23109
Phone: 804-725-4034 Fax: 804-725-7249 Web Site: www.mathewscountyva.gov

PROPERTY INFORMATION

MAP ID: _____

PHYSICAL ADDRESS: _____

ZONING: _____ ACREAGE: _____

CURRENT USE OF PROPERTY: _____

PROJECT/PROPOSED USE: _____

FOR OFFICIAL USE ONLY

APPLICATION NO. _____

DATE: _____ AMOUNT: _____ CHK # _____

Approved Denied _____

Date Approved: _____

Approved By: _____

Type of Request

ADMINISTRATIVE VARIANCE \$75.00

BOARD OF ZONING APPEALS

VARIANCE \$275.00

APPEAL \$275.00

PLANNING COMMISSION

REZONING \$250.00 + \$10 PER ACRE

CONDITIONAL USE PERMIT \$200.00

TEXT AMENDMENT \$250.00

PROPERTY OWNER INFORMATION

Name: _____ E-Mail: _____

Mailing Address _____ Phone: _____

City: _____ State: _____ Zip: _____

Property Owner Signature: _____

APPLICANT INFORMATION

Name: _____ E-Mail: _____

Mailing Address _____ Phone: _____

City: _____ State: _____ Zip: _____

Applicant Signature: _____

By signing above I/we certify that the foregoing information and attachments are true and accurate to the best of my/our knowledge. I/we understand this permit is invalid if necessary approvals from Federal, State, and Local agencies are not also obtained.



Rezoning Application

APPLICATION NO. _____

Rezoning Request

Tax Map #	From	To	Acres
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proposed Use and Improvements

Describe briefly the type of use and improvements proposed. State whether new buildings are to be constructed, existing structures are to be used or removed, or additions made to existing buildings.

Considerations (Code of VA Section 15.2-2284)

Comprehensive Plan Designation: _____

Existing use & character of the property: _____

Suitability of the property for various uses: _____

Trends of growth or change: _____
