



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 \$350.00

APPEAL \$350.00

PLANNING COMMISSION

REZONING \$350.00 + \$10 PER ACRE

CONDITIONAL USE PERMIT \$350.00

TEXT AMENDMENT \$350.00

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.



Zoning Text Amendment Application

APPLICATION NO. _____

Amendment Request

Ordinance: _____ **Article:** _____ **Section:** _____

Description of Request: _____

Ordinance: _____ **Article:** _____ **Section:** _____

Description of Request: _____

Existing Language

Proposed Language

