

ZONING REVIEW APPLICATION

- 1) Name of Applicant: _____
- 2) Applicant's Mailing Address: _____
- 3) Applicant's Phone Number: _____
- 4) Representative of Applicant: _____
- 5) Representative's Mailing Address: _____
- 6) Representative's Phone #: _____
- 7) Street Address of Subject Property _____
- 8) Subject Property's Tax Parcel ID: _____
- 9) Zoning District: _____
- 10) Existing Use of Property: _____
- 11) Proposed Use of Property: _____

Submit a site plan showing the dimensions of the parcel, size, height, location of all structures, fencing, etc.: parking; access points; buffers, landscaping and any other information deemed necessary by the Town of Blacksburg to complete this review.

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the Town of Blacksburg permission to obtain whatever information is necessary to review this application.

NAME OF APPLICANT/ AGENT

DATE

FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED: _____	REC'D BY: _____
DATE APPLICATION COMPLETED: _____	REVIEWED BY: _____
DATE OF COMP'D REVIEW: _____	STATUS OF REVIEW: _____