



Department of Building and Zoning

410 North Main Street, Madison, VA 22727

Pre-application Meeting Request for Special Use Permits or Zoning Map Amendments (Rezoning)

Project Name: _____

Tax Map/ Parcel No.: _____

I would like to discuss the following (Check the appropriate box(es))

Proposed New Special Use Permit or Amendment
 Exploratory
 Application submitted

Proposed Use(s) & Section(s) of the Zoning Ordinance: _____

Proposed Zoning Map Amendment
 Exploratory
 Application submitted

Current Zoning District: _____

Proposed Zoning District (if known): _____

Will this be an amendment to a prior rezoning action?

Yes, Case No. or Name of prior action _____
 No

Has a pre-application meeting happened previously for this project? Yes _____ No _____

If Yes, provide the date of the meeting _____

Agent/ Contact Person (who should we call/ write concerning this project?)

Daytime Phone (_____) _____ Cell Phone (_____) _____
Email: _____

Owner of Record (If different from above)

Daytime Phone (_____) _____ Cell Phone (_____) _____
Email: _____

**Please provide a complete pre application meeting checklist, including all written descriptions noted in the checklist.

Owner/ Applicant
Please read and sign

I hereby certify that the information provided on this request form and accompanying information is accurate, true, and correct to the best of my knowledge and belief.

Signature of ____Owner or ____Agent

Date

(Check box that applies to the signature)

Print Name