



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))

<input type="checkbox"/> Proposed New Special Use Permit or Amendment <input type="checkbox"/> Exploratory <input type="checkbox"/> Application submitted Proposed Use(s) & Section(s) of the Zoning Ordinance: _____	<input type="checkbox"/> Proposed Zoning Map Amendment <input type="checkbox"/> Exploratory <input type="checkbox"/> Application submitted Current Zoning District: _____ Proposed Zoning District (if known): _____ Will this be an amendment to a prior rezoning action? <input type="checkbox"/> Yes, Case No. or Name of prior action _____ <input type="checkbox"/> No
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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