

CITY OF LEXINGTON
Planning & Development Department
P.O. Box 922
300 East Washington Street
Lexington, Virginia 24450
[540] 462-3704; fax [540] 463-5310

**APPLICATION FOR
ZONING RELATED ACTION**

REQUIRED PUBLIC NOTICE

Applicability:

- | | |
|--|--|
| <input type="checkbox"/> Subdivisions | <input type="checkbox"/> Planned Unit Developments |
| <input type="checkbox"/> Site Plans | <input type="checkbox"/> Rezoning Requests |
| <input type="checkbox"/> Conditional Use Permits | <input type="checkbox"/> Variances |

NOTICE TO ADJACENT PROPERTY OWNERS

The applicant shall give notice to those persons who own property, any portion of which abuts the subject property, and all property which is directly across the street from any portion of the subject property, as determined by the City's real property tax records. This notice shall give the date, time and place of the hearing, identify the property which is the subject of the application and give a brief description of the proposed action. This notice shall be mailed a minimum of ten (10) days prior to the date of the Planning Commission hearing. The list of property owners and the content of the notice shall be approved by the City prior to mailing.

POSTING OF THE PROPERTY

The applicant shall place a sign provided by the City on the subject property which indicates that this action is pending. This sign shall be located to be clearly visible from the street.

FEES

Action	Fee
<input type="checkbox"/> Planned Unit Development.....	\$125.00
<input type="checkbox"/> Site Plan Review.....	No Fee
<input type="checkbox"/> Entrance Corridor Certificate of Appropriateness.....	No Fee
<input type="checkbox"/> Conditional Use.....	\$200.00
<input type="checkbox"/> Rezoning.....	\$200.00
<input type="checkbox"/> Zoning Ordinance Amendment.....	\$200.00
<input type="checkbox"/> Variance.....	\$100.00
<input type="checkbox"/> Appeal of Zoning Administrator's Decision.....	\$100.00
<input type="checkbox"/> Subdivision Reviews:	
Preliminary Plat: \$200 + \$50 per each additional lot created.....	_____
Final Plat: \$0 + \$50 per each additional lot created.....	_____
TOTAL FEE: _____	

Location of Property:

Tax Map: _____

Subdivision: _____

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Landowner Name: _____

Work Phone #: _____

Address: _____

Home Phone #: _____

Applicant Name: _____

Work Phone #: _____

Address: _____

Home Phone #: _____

Location of Property: _____

Tax Map: _____

Subdivision: _____

Description of Proposal: _____

Signature of Applicant

Signature of Owner

Meeting Dates:

Planning Commission: _____

City Council: _____

Board of Zoning Appeals: _____

Administrator: _____

Date of Final
Approval/Disapproval: _____

Special Conditions: _____
