



Checklist – Text Amendment Request

Item	Yes	No	Not Applicable	Comments
Language for the text amendment				

Notes:

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____



**CITY OF NORFOLK
REQUEST TO THE CITY PLANNING COMMISSION**

810 Union Street
Room 508
Norfolk, VA 23510
(757) 664-4752
(757) 441-1569 (FAX)
www.norfolk.gov/planning

**ZONING ORDINANCE
TEXT AMENDMENT REQUEST**



Application Procedures

1. **A pre-application meeting is required.** To arrange for an appointment, please call (757) 664-4752.
2. Submit completed application with all required attachments including:
 - Completed Checklist
 - Description and details of request
 - Proposed text
3. Staff will review application to determine completeness.
4. If the request for public hearing is granted, the applicant is encouraged to attend the public hearing:
 - ▶ Where: City Hall Building
11th Floor, Council Chambers
 - ▶ Time: 2:30 p.m.
5. During the Commission's hearing:
 - ▶ Applicant may register to speak
 - ▶ Staff will present application and recommendation
 - ▶ Applicant/representative may make a presentation
 - ▶ Proponents may speak
 - ▶ Opponents may speak
 - ▶ Rebuttal
6. The Planning Commission will make a recommendation on the application at their hearing which will be forwarded to City Council.
7. The applicant may contact staff 2 weeks after the hearing to obtain a tentative Council date (the City Manager's Office establishes the

DEPARTMENT OF CITY PLANNING ZONING SERVICES

5TH FLOOR
(757) 664-4752
(757) 441-1569 (FAX)

**ZONING ORDINANCE
TEXT AMENDMENT REQUEST**



REQUEST FOR TEXT AMENDMENT

Date of request: _____

DESCRIPTION OF REQUESTED AMENDMENT

Purpose of Amendment: _____

Ordinance Section(s) to be amended (if known) _____
Ordinance Section(s) to be added (if known) _____

REQUESTOR INFORMATION

Name of requestor (Last) _____ (First) _____ (MI) _____

Mailing address (Street/P.O. Box) _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number () _____ Fax number () _____

E-mail address _____

Print name: _____ Sign: _____ / _____ / _____
(Applicant or Authorized Agent Signature) (Date)

DEPARTMENT OF CITY PLANNING
810 Union Street, Room 508
Norfolk, Virginia 23510
Telephone (757) 664-4752 Fax (757) 441-1569
(Revised January, 2015)