



# Checklist – Text Amendment Request

| Item                            | Yes | No | Not<br>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](http://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  
(757441-1569 (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)