



# Checklist – Text Amendment Application

Item	Yes	No	Not Applicable	Comments
Required application fee, <b>\$420.00</b>				
Language for the text amendment				
Initiated by Planning Commission?				

Notes:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **DEPARTMENT OF CITY PLANNING**

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**



## 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
  - \$420 check for required application fee made payable to the City of Norfolk (non-refundable)
  - Description and details of request
  - Proposed text
3. Staff will review application to determine completeness.
4. Applicant **must** attend public hearing:
  - ▶ Where: City Hall Building  
11th Floor, Council Chambers
  - ▶ Time: 2:30 p.m.
5. During the Commission's hearing:
  - ▶ Applicant must 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 AMNEDMENT  
APPLICATION**



## APPLICATION TEXT AMENDMENT

Date of application: \_\_\_\_\_

### Zoning Ordinance Text Amendment

Amend Section(s) \_\_\_\_\_

Add New Section(s) \_\_\_\_\_

### APPLICANT

(If applicant is a LLC or a Corp./Inc., include name of official representative and/or all partners)

1. Name of applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Mailing address of applicant (Street/P.O. Box): \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Daytime telephone number of applicant ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail address of applicant: \_\_\_\_\_

### AUTHORIZED AGENT (if applicable)

(If agent is a LLC or a Corp./Inc., include name of official representative and/or all partners)

2. Name of applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Mailing address of applicant (Street/P.O. Box): \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Daytime telephone number of applicant ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail address of applicant: \_\_\_\_\_

### DEPARTMENT OF CITY PLANNING

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised January, 2015)

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**PROPERTY OWNER(S)**

(If property owner is a LLC or a Corp./Inc., include name of official representative and/or all partners)

3. Name of property owner: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Mailing address of property owner (Street/P.O. box): \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Daytime telephone number of owner ( ) \_\_\_\_\_ email: \_\_\_\_\_

If applicable – list all property owners information with signatures on a separate attachment

**DESCRIPTION OF AMENDMENT**

Purpose of Amendment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CIVIC LEAGUE INFORMATION**

Civic League contact: \_\_\_\_\_

Date(s) contacted: \_\_\_\_\_

Ward/Super Ward information: \_\_\_\_\_

**REQUIRED ATTACHMENTS**

- ✓ Language for the text amendment (\*see Example attached).
  - ✓ Required application fee, **\$420.00** (if check, make payable to the City of Norfolk).
    - Application fee includes a non-refundable \$5 technology surcharge.
- 

**CERTIFICATION:**

**I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:**

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Property Owner or Authorized Agent of Signature) (Date)

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Applicant) (Date)

**ONLY NEEDED IF APPLICABLE:**

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Authorized Agent Signature) (Date)

## EXAMPLE

### TEXT AMENDMENT

#### 11-32. Medical center sign overlay district.

11-32.1 *Purpose statement.* In accordance with the provisions of section 11-15, it is the intent of this sign overlay district to upgrade and improve identification of the multiple uses located within the medical complex. Details regarding the size, materials, colors and placement of the signage are contained in design/planning project review final documentation prepared by architectural graphics dated August 10, 2001.

11-32.2 *Building identifier signage.* Signage which identifies individual buildings within the institutional campus.

11-32.3 *Pedestrian directional signage.* Signage which is pedestrian in scale and nature that provides direction to those traversing the institutional campus by foot.

11-32.4 *Parking identifier signage.* Signage which directs automobile traffic to appropriate parking areas

11-32.5 *Vehicular directional signage.* Signage which directs automobile traffic within the institutional complex

(Ord. No. 40,521, § 1, 11-27-01)