



Town of Luray
Rezoning Application
Application No.: _____

Existing Property Information:

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Requested Zoning District _____

Total Acreage to be Rezoned _____ *(Entire Parcel Shall be Requested to be Rezoned)*

Nature of Request (Describe fully to include future property use and planned structure(s) construction)

Please include location map, plat, property deed, impact analysis statement, and proffer statement with your Application

I (we), the undersigned, do hereby respectfully make application and petition to the Town of Luray to amend the Zoning Ordinance and to change the Zoning Map of the Town of Luray, Virginia. I (we) authorize Town of Luray officials to enter the property for site inspection purposes.

I (we) authorize the Town of Luray to place standard signage on the property necessary for notifying the public of this rezoning request during the application consideration process.

I (we) hereby certify that this application and its accompanying materials are true and accurate to the best of my (our) knowledge.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Owner

Date

Signature of Owner

Date