



**TOWN OF MIDDLEBURG
ZONING MAP AMENDMENT APPLICATION**



**10 West Marshall Street, P.O. Box 187
Middleburg, VA 20118
(540) 687-5152 FAX (540) 687-3804**

Application # ZMA _____

Type of Activity: Zoning Map Amendment Proffer Amendment

Site Address: _____ Parcel #: _____

Applicant: _____ Business Name: _____

Phone Numbers: Work:() _____ Home: () _____ FAX: _____

Address: _____

Owner: _____ Phone: _____ FAX: _____

Address: _____

Size of Parcel: _____ Existing Zoning: _____ Historic Dist.? _____

Proposed Zoning Classification: _____

Proposed Proffers (Use separate sheets if necessary): _____

Surrounding Property Owner Information (Use separate sheets if necessary): _____

Description of Proposal:

Applicant's Signature Date: _____

Owner's Signature Date: _____

OFFICE USE ONLY

Complete Application Received: _____ Fee Amount: _____ Date Paid: _____

Planning Commission Hearing: _____ Action: _____ Approval Conditional Approval

Conditions of Approval: _____

Denial - Reasons: _____

Town Council Hearing: _____ Action: _____ Approval Conditional Approval

Conditions of Approval: _____

Denial - Reasons: _____