



Zoning Ordinance Amendment Application

www.harrisonburgva.gov/zoning

DESCRIPTION OF AMENDMENT	
Zoning Ordinance Section:	
Proposed Text (Attach separate sheet, if needed.)	
APPLICANT'S INFORMATION	
Applicant's Name	Telephone
Tapphount of tune	Totophone
Street Address	E-Mail
City State Zip	
APPLICANT'S REPRESENTATIVE INFORMATION (if applicable)	
Applicant's Representative	Telephone
	277
Street Address	E-Mail
City State Zip	
CERTIFICATION	
I certify that the information supplied on this application and on the attachments provided is accurate and true to the best of my	
knowledge.	
APPLICANT	DATE
REQUIRED ATTACHMENTS	
☐ Letter explaining the reasons for seeking Ordinance amendment.	
TO BE COMPLETED BY PLANNING & ZONING DIVISION	
	Table Day
Date Application and Fee Received	Total Fees Due: \$Application Fee: \$450.00
2 are 1 approximation and 1 or 10001100	