



GOOCHLAND COUNTY
APPLICATION FOR ZONING/SUBDIVISION
ORDINANCE AMENDMENT (S)

COUNTY OF GOOCHLAND
P. O. Box 103
Goochland, VA 23063

Name of Applicant(s)

Address

Phone Number

Location of Property

Attach Plat

Owner/Lessee

APPLICATION FEE: \$ 750.00

Application No. _____

Date of Application Filed

Date and Time of Hearing

Name of Representative

Address

Phone Number

District _____

Subdivision

Date Property Rezoned:

Parcel No(s). _____

Acreage: _____

1. The applicant requests that the present _____ Zoning / Subdivision Ordinance be amended. State the intent and specific reasons for proposed amendment. List all particulars to be considered.

2. Applicant to attach or write applicants suggested amendment language.

STATE OF VIRGINIA) to wit
COUNTY OF GOOCHLAND)

I, _____, being duly sworn, depose and say that I am Lessee/Owner of the property involved in the application. If I am not the Lessee, Owner, I will produce a copy of a contract to purchase the property or I will present written certification from the owner granting me the right to submit this application. I further declare that I have familiarized myself with the rules and regulations pertaining to preparing the filing this application and that the foregoing statements and answers provided herein are in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant(s) / Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public