



COUNTY OF HIGHLAND

DEPARTMENT OF BUILDING & ZONING

P.O. Box 188 Monterey, Virginia 24465

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Website <https://highlandcovabz.org>

Ordinance or Map (Rezoning) Application

Indicate criteria for this Ordinance or Map change:

1. Public necessity _____

3. General Welfare _____

2. Convenience _____

4. Good Zoning Practice _____

Location of Property: _____

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____ Cell: _____

Applicant E-mail: _____

Landowner Name: _____

Landowner Mailing Address: _____

Landowner Phone Number: _____ Cell: _____

Acreage in Parcel: _____ Currently Zoned: _____ Zoning Change To: _____

Tax Map: _____ Acreage in Request: _____ Election District: _____

For Office Use Only

FEE: _____

Date Received: _____

Deadline Date: _____

Received By: _____

Describe the current use and future use of the land.

NAMES AND COMPLETE MAILING ADDRESSES OF ALL ADJACENT LANDOWNERS, INCLUDING LANDOWNERS ACROSS ANY ROAD. (May use back if necessary.) Names of owners may be found in the Commissioner of Revenue office in the Highland County Courthouse. Complete mailing addresses are available.

NAME	ADDRESS

AS APPLICANT FOR THIS ORDINANCE OR MAP APPLICATION, I _____ (printed name of Applicant) hereby acknowledge that I have faithfully and correctly provided names and complete mailing addresses of all my adjoining property owners and those directly across the street and road. I understand that failure to do so will leave me liable for additional costs for re-advertising and that my request could be delayed until proper notification has been given to all adjoining property owners and those property owners directly across the street or road.

Signature of Applicant

Date