



TOWN OF WEST POINT  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 P.O. BOX 152  
 802 MAIN STREET  
 WEST POINT, VA 23181  
 (804) 843-3563 – phone      (804) 843-4364 - fax  
 www.west-point.va.us

**ZONING TEXT AMENDMENT**

Date Submitted: \_\_\_\_\_

Permit # \_\_\_\_\_

APPLICANT INFORMATION	
Full Name of Property/Structure Owner	
Mailing Address of Owner	
City, State, Zip	
Phone Number/Home/Work/Cell	
Fax Number	
E-Mail Address	
Name of Applicant if Different from Property Owner	

PROPERTY/SITE INFORMATION	
Physical Address (If Known)	
General Location (Lot #, Subdivision, Street)	

GENERAL INFORMATION	
Zoning District	
Tax Parcel Identification Number(s)	
Overlay District(s)	

**Proposed amendment to the Zoning Ordinance: (attach additional sheets as necessary)**

Section: \_\_\_\_\_

Proposed text: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the amendment proposes to replace existing text, please provide a full copy of the existing text for the affected section.

I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date