



TOWN OF WEST POINT
 COMMUNITY DEVELOPMENT DEPARTMENT
 P.O. BOX 152
 329 6th 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