



Department of Community Development
777 Lynn Street
Herndon, Virginia 20170-4602

APPLICATION FOR A
ZONING ORDINANCE TEXT AMENDMENT

Submittal of this form with original signatures is required. PLEASE PRINT OR TYPE (Unless otherwise indicated.)

One sentence description of proposal:

Name and role of principal contact (applicant) for this application:
Mailing address:

E-mail address Telephone # FAX #

The undersigned hereby applies for an Amendment to the Town of Herndon Zoning Ordinance, Chapter 78 under the provisions of § 78-202.2 of the Herndon Town Code.

I hereby affirm and certify that:

- The information provided on this form is true and correct to the best of my knowledge.
The requirements associated with this application have been read and are understood.
The proposal is not in conflict with the Comprehensive Plan to the best of my knowledge.
Either I, a co-applicant or other representative will make every effort to attend the public hearings of the Planning Commission and Town Council when this matter is considered. I understand that the request may be tabled or denied if the applicant or a representative of the applicant does not appear at the Town Council public hearing.

Signature of Principal Contact (Applicant) Date

TO BE SUBMITTED WITH THIS APPLICATION

- _____ Name and title of all Co-Applicants (if any) with respective mailing addresses, telephone number numbers, and e-mail addresses;
- _____ Detailed description of the proposed language and list of affected sections of the Zoning Ordinance, if known;
- _____ (Recommended) An electronic red line version of proposed text amendment;
- _____ Statement of justification for amending the Zoning Ordinance;
- _____ Completion of VDOT Chapter 527 Review Process Applicability Certification (notarized).

Certification, in a form prescribed by the Zoning Administrator, that public notification regarding a public hearing has been given in accordance with §78-201.9, Public Notification, shall be submitted upon completion of proper notification by the applicant.

For Office Use Only:

Application Received by:	Case No.:
Fee paid:	Date:

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