

# Rezoning Application Submittal & Review Procedure

*Anticipated review time is a minimum of 3 months*

**IF ANY REQUIRED DOCUMENTS ARE MISSING THE APPLICATION WILL NOT BE PROCESSED AND RETURNED TO THE APPLICANT**



- All materials labeled & submitted to Planning Department share file. Labeled with: Project name, type of document (application, narrative, exhibit, Fiscal Impact Analysis, etc.), 1<sup>st</sup> Submittal
- If seeking a waiver for the required reports, a waiver request must be submitted to the Planning Department in along with the application in order to ensure that any reports may be waived. Prior to the application being deemed complete, all reports must be provided or a waiver signed by the Director outlining the reports that have been waived.
- Proof of signatory authority if signing on behalf of owner and/or entity.
- Taxes paid
- Hard copy “ink signed” application submitted to the Planning Department
- Invoice paid & receipt provided
- **BE ADVISED: There is a \$500 fee after the 2nd deferral and a \$90 fee for signs which are not returned to the Planning Department and signed in.**



- Please be advised that the minimum review (or completion) time for this application is 90 days.
- The Planner assigned will reach out to issue comments or to indicate it is ready to move forward to public hearing. Please be advised that each resubmittal will add an additional 30 days of review to the minimum review time.



If plans need to be resubmitted:

- All materials should be uploaded to the Planning Sharefile and labeled as follows:
  - Case number (RZN2023-00022), project name, type of document (application, title report, plan, etc.), and submittal number (2<sup>nd</sup>, 3<sup>rd</sup>, etc.)
- Please reach out to the Planning Department at 757-514-4060 to confirm your documents have been received.

Repeat this step until all Land Use comments have been addressed and the Planner has notified you the application is ready for Planning Commission.



If this application is considered a significant item there will be a 30-day delay in the application moving forward to Planning Commission:

- Once the application is ready for Planning Commission the Planner will send you email letting you know when to pick up signs and post them on the property. This signs will be required to remain posted to the property until all public hearings have been completed.
- On the Friday before the Planning Commission meeting, a copy of Staff’s report will be provided to you. The applicant or authorized representative should be available to attend the Planning Commission meeting to speak in favor of your application or address any questions from the Commissioners. This is not required; however it is strongly recommended.
- Once the Planning Commission makes their recommendation the application will move forward to City Council for a final decision.



- On the Friday before the City Council meeting, a copy of Staff’s report will be provided to you. The applicant or authorized representative should be available to attend the City Council meeting to speak in favor of your application or address any questions from Council. This is not required; however, it is strongly recommended.
- Once City Council has made their decision the planner will notify you when your documents are ready for pick up to be recorded at the Courthouse.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**City of Suffolk Department of Planning**  
**APPLICATION FOR REZONING/CONDITIONAL REZONING**

<b>OFFICE INFORMATION: To be completed by staff</b>			
Application Number:		Date Paid:	
Taxes Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee Paid:	
Project Name:	Project Address or Tax Map:		
Date of Decision:		Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

**PART 1- GENERAL INFORMATION: To be completed by applicant**

**Important Notice:** Only complete hard copy applications with original signatures are accepted. The estimated review time for a rezoning application is a minimum of ninety (90) days. It is highly encouraged that applicants attend a pre-submittal meeting, which is coordinated by the Department of Economic Development (514-4040), prior to submitting an application.

Select Application Type:

- Rezoning** – Base fee of \$840 + \$40 per acre or portion thereof after one acre
  - Conditional Rezoning** – Base fee of \$1,040 + \$40 per acre or portion thereof after one acre
- Rezoning/ Conditional Rezoning Resubmittals & Deferrals-** \$500 after 2<sup>nd</sup> submittal

**Significant Applications:** Please acknowledge that the following projects require **an additional 30 days** of advertisement on the City's website and a briefing before the Planning Commission and City Council the month prior to the scheduled public hearing and consideration by Planning Commission. Applications involving: a) 100 or more dwelling units, b) 100,000 SF of commercial uses, c) 100 acres or more of property, or as determined at the discretion of the Director of Planning & Community Development.

Applicant initials: \_\_\_\_\_

Property Address: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

Total Site Acreage: \_\_\_\_\_ Area to be Rezoned: \_\_\_\_\_

Proposed Zoning District(s): \_\_\_\_\_

Proposed Residential Density (if applicable): \_\_\_\_\_

Summary of Proposed Uses/Improvements to the Property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART 2- REQUIRED INFORMATION FOR APPLICATION: To be completed by applicant**

The applicant must INITIAL next to each item to acknowledge that the following materials were submitted. All materials are accepted **digitally to the Planning Division's sharefile link** with the exception of the original signed application form. If you would like to request a waiver from certain submittal requirements, the attached Waiver Request Form must be completed and signed. If you are submitting voluntary proffers as part of a Conditional Rezoning Request, the attached Voluntary Proffer Statement must be completed and signed.

1. **Narrative description of the location and size of the property** which shall include the address, tax map number, account number, legal description, size in acres and square feet, and overall location with respect to other land uses and major roadways. \_\_\_\_\_
2. **Narrative description of the proposed use(s)/improvements.** \_\_\_\_\_
3. Statement of the **reasons for seeking such amendment** and **why the current zoning is incorrect.** \_\_\_\_\_
4. **Rezoning Exhibit** which indicates the boundaries of the property to be rezoned and the existing zoning designation as well as the proposed zoning designation. Such exhibit shall be accurate and suitable to identify the property in relation to street intersections or other physical features. \_\_\_\_\_
5. **Conceptual layout (optional, but strongly recommended)** showing the proposed improvements, lots, open space, etc., and any pertinent information for review. \_\_\_\_\_
6. **Public Facilities Report** which complies with the requirements of Section 31-601, Adequate Public Facilities, of the Unified Development Ordinance. Refer to Appendix B, § B-19. \_\_\_\_\_
7. **Traffic Impact Study.** Refer to Appendix B, § B-21. \_\_\_\_\_
8. **Fiscal Impact Analysis.** Refer to Appendix B, § B-14. \_\_\_\_\_
9. **Minor or Major Water Quality Impact Assessment** if located in the Chesapeake Bay Preservation Area. Refer to Appendix B, § B-13. \_\_\_\_\_
10. A **Phase I Environmental Site Assessment** shall be required for any rezoning application that involves land disturbance for residential, assembly, day care, group home, recreation, school, library or similar use where there may be exposure to contaminates. Refer to Section 31-616. This would then indicate whether a Phase II ESA should be completed. \_\_\_\_\_

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***PART 2 CONTINUED - REQUIRED INFORMATION FOR APPLICATION***

- 11. Any applicant requesting a conditional rezoning shall submit an electronically ***signed proffer statement*** for consideration. The original signed proffer statement must be provided prior to the public hearing. \_\_\_\_\_
  
- 12. Such supplemental material as may be necessary. \_\_\_\_\_

City of Suffolk

Department of Planning and Community Development

DISCLOSURE STATEMENT FORM



**OFFICE INFORMATION: To be completed by staff**

Application Number:		Project Name:	
Project Address:		Date Submitted:	

The disclosures contained in this Form are necessary to inform public officials who may vote on the application as to whether they have a conflict of interest under Virginia law. The completion and submission of this Form is required for all applications that pertain to City real estate matters or to the development and/or use of property in the City of Suffolk requiring action by the City Council or a City board, commission or other body.

**PART 3 - APPLICANT DISCLOSURE: To be completed by Applicant**

**Important Notice: Only complete, hard-copy application forms with original signatures or other approved written consent from all property owners are accepted.**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Property Address(es): \_\_\_\_\_

Tax Map Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Is Applicant the owner of the subject property?    YES    NO

Does the Applicant have a Representative?        YES    NO

If yes, name of Representative: \_\_\_\_\_

Is Applicant a corporation, partnership, firm, business, trust, or unincorporated business?    YES    NO

If yes, list the names of all officers, directors, members, trustees, etc. below AND businesses that have a parent-subsidary or affiliated business entity relationship (see definitions below) with the applicant (attach list if necessary):

\_\_\_\_\_

\_\_\_\_\_

**KNOWN INTEREST BY PUBLIC OFFICIAL OR EMPLOYEE**

Does an official or employee of the City of Suffolk have an interest in the subject property or any proposed development contingent on the subject public action?    YES    NO

If yes, name of the official or employee, and description of the nature of their interest:

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**APPLICANT SERVICES DISCLOSURE**

The Applicant must certify whether the following services are being provided in connection to the applicant, the subject of the application, and/or any business operating, or to be operated on the property. The name of the entity and/or individual providing such services must be identified (attach list if necessary).

<b>SERVICE</b>	<b>YES</b>	<b>NO</b>	<b>SERVICE PROVIDER</b> (Name of entity and/or individual)
Financing (mortgage, deeds of trust, cross-collateralization, etc.)			<hr/>
Real Estate Broker/Agent/Realtor			<hr/>
Accounting/Tax Preparation			<hr/>
Architect/Designer/Landscape Architect/Land Planner			<hr/>
Construction Contractor			<hr/>
Engineer/Surveyor/Agent			<hr/>
Legal Services			<hr/>

**PART 4 – PROPERTY OWNER DISCLOSURE**

**PROPERTY OWNER DISCLOSURE**

**Property Owner Name:** \_\_\_\_\_

*(as listed on application)*

Is the Owner a corporation, partnership, firm, business, trust or an unincorporated business?    YES    NO

If yes, the names of all officers, directors, members, or trustees below AND businesses that have a parent-subsidiary or affiliated business entity relationship (see definitions below) with the Applicant (attach list if necessary):

\_\_\_\_\_

Does the subject property have a proposed or pending purchaser?    YES    NO

If yes, name of the proposed or pending purchaser: \_\_\_\_\_

**KNOWN INTEREST BY PUBLIC OFFICIAL OR EMPLOYEE**

Does an official or employee of the City of Suffolk have an interest in the subject property or any proposed development contingent on the subject public action?    YES    NO

If yes, name of the official or employee, and description of the nature of their interest:

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY OWNER SERVICES DISCLOSURE**

The Owner must certify whether the following services are being provided in connection to the Applicant, the subject of the application, and/or any business operating, or to be operated on the property. The name of the entity and/or individual providing such services must be identified (attach list if necessary).

<b>SERVICE</b>	<b>YES</b>	<b>NO</b>	<b>SERVICE PROVIDER</b> <i>(Name of entity and/or individual)</i>
Financing (mortgage, deeds of trust, cross-collateralization, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Real Estate Broker/Agent/Realtor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accounting/Tax Preparation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Architect/Designer/Landscape Architect/Land Planner	<input type="checkbox"/>	<input type="checkbox"/>	_____
Construction Contractor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engineer/Surveyor/Agent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	_____

**APPLICANT CERTIFICATION**

- I certify that all of the information contained in this Disclosure Statement Form is complete, true, and accurate.
- I understand that I am responsible for updating this Form if any information changes at any point even if a public hearing has not yet been scheduled.
- I understand that, upon receipt of notification that the application has been scheduled for public hearing, I am responsible for updating the information provided herein two weeks prior to the meeting of Planning Commission, City Council, or any public body or committee in connection with this application.

**Applicant Name (Print)**

**Applicant Signature**

**Date**

**PROPERTY OWNER CERTIFICATION**

- I certify that all of the information contained in this Disclosure Statement Form is complete, true, and accurate.
- I understand that I am responsible for updating this Form if any information changes at any point even if a public hearing has not yet been scheduled.
- I understand that, upon receipt of notification that the application has been scheduled for public hearing, I am responsible for updating the information provided herein two weeks prior to the meeting of Planning Commission, City Council, or any public body or committee in connection with this application.

**Property Owner Name (Print)**

**Property Owner Signature**

**Date**

“Parent-subsidiary relationship” means “a relationship that exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.” See State and Local Government Conflict of Interests Act, VA. Code § 2.2-3101.

“Affiliated business entity relationship” means “a relationship, other than parent-subsidiary relationship, that exists when (i) one business entity has a controlling ownership interest in the other business entity, (ii) a controlling owner in one entity is also a controlling owner in the other entity, or (iii) there is shared management or control between the business entities. Factors that should be considered in determining the existence of an affiliated business entity relationship include that the same person or substantially the same person own or manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a close working relationship between the entities.” See State and Local Government Conflict of Interests Act, Va. Code § 2.2-3101.

**PART 5- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts**

**This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent**, which may be in the form of a binding contract of sale, a letter signed by the owner(s), articles of incorporation, or operating agreement authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

**Applicant Information/Person or Company to be Invoiced:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner(s) Information (Complete if different from applicant):**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Specify type of contact/relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Specify type of contact/relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER REQUEST FORM

This form shall be submitted to the Director of Planning and Community Development and must be approved prior to the application moving forward to Land Use.

Project Name & Address: \_\_\_\_\_

In accordance with Appendix B, Section B-4 of the Unified Development Ordinance, the following reports shall be submitted for a Rezoning Application. If you would like to request a waiver from one or more of the following requirements please check the appropriate boxes, provide a statement as to why the requirement(s) should be waived, and sign below.

- Public Facilities Report, Appendix B, § B-19- Questions contact Public Utilities (water/sewer) at 757-514-7000 option #3 and/or Public Works Engineering (stormwater) at 757-514-7725
- Traffic Impact Study, Appendix B, § B-21- Questions contact Public Works Traffic at 757-514-7603.
- Fiscal Impact Analysis, Appendix B, § B-14- Questions contact Planning at 757-514-4060.
- Major Water Quality Impact Assessment (if located within the Chesapeake Bay Preservation Overlay District), Appendix B, § B-13- Questions contact Planning at 757-514-4060
- Soils Report, Appendix B, § B-20- Questions contact Public Works Engineering at 757-514-7725.
- Environmental Site Assessment, Appendix B, § B-4 (e)(6)- Questions contact Planning at 757-514-4060.

Reasons as to why the above stated requirement(s) should be waived for this Rezoning Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (please print): \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

***To be completed by Planning Division Staff:***

Application Number: \_\_\_\_\_

Director signature for approval: \_\_\_\_\_ Date: \_\_\_\_\_

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**VOLUNTARY PROFFER STATEMENT**

I hereby voluntarily proffer that the development of the property owned by me proposed for reclassification under this application shall be in strict accordance with the conditions set forth below.

The following conditions (add additional sheets if necessary) are voluntarily proffered for the reclassification of property identified as Tax Map Number(s) \_\_\_\_\_,  
Block Number \_\_\_\_\_, Account Number(s) \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_

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

Property Owner Signature: \_\_\_\_\_

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

Property Owner Signature: \_\_\_\_\_

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