

**TOWN OF BLACKSBURG**  
**CHANGE OF ZONING CLASSIFICATION APPLICATION (REZONE)**

This application and all accompanying information must be submitted in full before the Rezoning Request can be considered complete and accepted by Town staff. Once the application is accepted it will be referred to the Planning Commission and Town Council for consideration. The application and all accompanying information will become conditions of approval. Proffered conditions of approval are binding. Please contact the Planning and Building Department at (540) 443-1300 for application deadline or questions, or to schedule the **required** pre-submittal meeting (§1150).

The following items **MUST** accompany this application for the Town of Blacksburg to accept this application for processing and review. Any items submitted cannot be larger than 11x17 in size:

- 1) Digital copies (PDF) of all application materials are required at the time of submittal, or within 5 working days of the submittal date.
- 2) Written, signed consent of the property owner. If the applicant is the contract purchaser, the written consent of the current property owner is required (§1150).
- 3) Legal description of the property
- 4) Vicinity map showing surrounding uses, zoning districts, buildings, and other improvements
- 5) Concept plan with surveyed boundaries for the property showing the lot, existing and proposed structures, site improvements, parking areas and spaces, and any other information necessary to determine the ability to meet the Zoning Ordinance site development standards, Use & Design standards, and compatibility with the neighborhood. A stormwater management concept plan with calculations is required. Application should also include projected water and sewer flows to determine impact to Town infrastructure.
- 6) Building elevations for all proposed buildings, or elevations showing any changes to existing buildings
- 7) Signage plan showing details for any proposed signage including location, size, and materials
- 8) Completed Town of Blacksburg VDOT TIA Supplemental Form, and any other traffic information required by Town Staff as identified in the pre-submittal meeting
- 9) A list of adjacent property owners (including properties across a street) and their addresses. Reimbursement to the Town for Certified First Class Mail will be required upon Town verification of recipients and postage necessary to mail the application to all adjacent property owners.
- 10) Fee of \$1500 for Rezoning, or \$2000 for Planned Residential Rezoning, or \$1000 for amendment to existing Planned Residential District.
- 11) Proof of pre-submittal meeting between Town staff and applicant/agent (email correspondence or calendar appointment is sufficient) (§1150).
- 12) Prior to the initiation of an application for Rezoning, or prior to the issuance of final approval, the applicant shall produce satisfactory evidence that any delinquent real estate taxes owed, which have been properly assessed against the subject property, have been paid (§1150)
- 13) Any applicant for a Rezoning shall make complete disclosure of the equitable ownership of the real estate to be affected including, in the case of corporate ownership, the names of stockholders, officers and directors, and in any case the names and addresses of all of the real parties of interest. The requirement of listing names of stockholders shall not apply to a corporation whose stock is traded on a national or local stock exchange, and which corporation has more than 500 shareholders (§1110)

**OWNER CONSENT STATEMENT**

I/We the owner(s)/applicant/contract purchaser(s) of the property described on this application do hereby apply for a change of zoning district classification described on this application.

I/We state that no application for a change in zoning district classification, substantially the same as this request, has been considered by the Town Council for the above-referenced property, or any part thereof, within one year prior to the date of this application.



**SIGNATURE OF OWNER/APPLICANT**

7/3/2023

**DATE**

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*James E. Don* *Executive Director*

7/3/2023

**SIGNATURE OF OWNER/APPLICANT**

**DATE**

## Location or Address of Property for Rezoning:

1200, 1202, 1204 &amp; 1206 AIRPORT ROAD

Tax Parcel Number(s): 317-2 31, 32, 34A & 317-2 32A, 33, 34Acreage: 1.10 ACRESPresent Zoning District: R-4 LOW DENSITY RESIDENTIALProposed Zoning District: PR- PLANNED RESIDENTIALPresent Use of Property: VACANT-PREVIOUS TWO FAMILY RENTALProposed Use of Property: TOWNHOMESIs this request for an amendment to an existing Conditional Zoning or Planned Residential District? NOPrevious Rezoning Ordinance Number N/A**APPLICANT/MAIN CONTACT PERSON (Contract Purchaser if applicable)**NAME: HABITAT FOR HUMANITY OF THE NEW RIVER VALLEYADDRESS: 1675 N. FRANKLIN STREET  
CHRISTIANSBURG, VA 24073PHONE: 540-381-1144EMAIL: jdrader@habitatnrv.org**PROPERTY OWNER(s)** (If property is held in an LLC or other corporation, names of all partners must be disclosed. All names of members or beneficiaries of a trust must also be disclosed. Signature blocks for multiple property owners may be obtained on separate sheets if needed)NAME: BLACKSBURG FIRE SAFETY FOUNDATIONADDRESS: PO BOX 159  
BLACKSBURG, VA 24063PHONE: \_\_\_\_\_ EMAIL: dsmith@blacksburg.gov**ENGINEER/ARCHITECT (optional)**NAME: BALZER AND ASSOCIATESADDRESS: 80 COLLEGE STREET SUITE H  
CHRISTIANSBURG, VA 24073PHONE: 540-381-4290EMAIL: ssemones@balzer.cc

**DESCRIPTION OF REZONING REQUEST**

Section 15.2-2286(A)(7) of the State Code of Virginia states that, “ Whenever the public necessity, convenience, general welfare, or good zoning practice requires, the governing body may, by ordinance, amend, supplement, or change the regulations, district boundaries, or classifications of property. **It is the applicant’s responsibility to provide a narrative outlining the following information in order to assess the public necessity, convenience, general welfare, or good zoning practice of the request** (attach additional pages if necessary).

Need and justification for the change in zoning classification  
SEE ATTACHED

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Identify any anticipated effect of the proposed change on public services and facilities  
SEE ATTACHED

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Justify appropriateness of the property for the proposed changes, as it relates to the intent of the zoning district requested and applicable use and design standards for all proposed uses  
SEE ATTACHED

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Relationship of the proposed change to the Comprehensive Plan (Include FLU designation)  
SEE ATTACHED

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Way in which the proposed change will further the purposes of the Zoning Ordinance and general welfare of the community  
SEE ATTACHED

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**PROFFER STATEMENT FOR THE APPLICATION OF**

**Dated** \_\_\_\_\_

Pursuant to Virginia Code § 15.2-2298 and Blacksburg Zoning Ordinance § 1160, \_\_\_\_\_, the owner(s) of the property that is the subject of this Application (Tax Parcel # \_\_\_\_\_), will develop the property in accordance with the following voluntarily proffered conditions.

1. The property shall be developed in substantial conformance, as determined by the Zoning Administrator, with the submitted rezoning application entitled \_\_\_\_\_ (the "Application") dated \_\_\_\_\_, 20\_\_\_\_.
- 2.
- 3.
- 4.
- 5.

The undersigned hereby warrants that all of the owners of a legal interest in the subject property have signed this proffer statement, that they have full authority to bind the property to these conditions, that the proffers contained in this statement are not "unreasonable" as that term is defined by Virginia Code § 15.2-2303.4, and that the proffers are entered into voluntarily. An analysis and justification for each proffered item is attached as Exhibit A.

Should any provision of this proffer statement be determined to be invalid by a court of competent jurisdiction, that determination shall not affect the validity of the remainder of the provisions in this document.

By: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
Registration No.:

APPROVED AS TO FORM:

\_\_\_\_\_  
Town Attorney