



**Department of Planning & Zoning**  
 25 West Market Street, Leesburg VA 20176  
 Phone: 703-771-2765 Fax: 703-771-2724  
[www.leesburgva.gov/planning](http://www.leesburgva.gov/planning)

**LAND DEVELOPMENT APPLICATION FOR LEGISLATIVE ACTIONS**

*NOTE: All fields shall be completed and the appropriate checklist must be attached for consideration of a complete application submission.*

<b>Application No. TL _____ - _____</b> <i>(staff to assign)</i>
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TYPE OF APPLICATION	
<input type="checkbox"/> <b>Special Exception</b> <input type="checkbox"/> <b>Rezoning (including Concept Plan Amendments and Proffer Amendments)</b> <input type="checkbox"/> <b>Town Plan Amendment</b> <input type="checkbox"/> <b>Commission Permit</b>	
PROPERTY INFORMATION	
Zoning:	Land Use:
Address:	MCPI / PIN #
Site Acreage:	
PROJECT NAME	
PROJECT DESCRIPTION	
REZONING	SPECIAL EXCEPTION
<b>Requested Zoning:</b> <b>Requested Uses:</b>  <b>Building Square footage:</b> <b>Number of Buildings/Units:</b>  <b>Proffer Amendment:</b> (Ordinance No.):  <b>Concept Amendment:</b> (Previous Case No.):  <b>Previous Rezoning Case No. :</b> (if applicable)	<b>Existing Use:</b>   <b>Requested Special Exception Use:</b>
TOWN PLAN AMENDMENT	
<b>Description of the Requested Amendment:</b>   	

Check appropriate Box(s):

within Historic District

within H-2 Corridor

**APPLICANT(S)**

Company Name		Company Name	
Contact		Contact	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	

**PROPERTY OWNER(S)**

Company Name		Company Name	
Contact		Contact	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	

**REPRESENTATIVE(S)**

Company Name		Contact	
Contact		Mailing Address	
Mailing Address		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
City, State, Zip Code		City, State, Zip Code	

**CERTIFICATIONS**

**APPLICANT(S):**

I have read this completed application and understand its intent. The information provided is accurate to the best of my knowledge. I understand that the Town of Leesburg may deny, approve, or approve with conditions this application. Furthermore, I grant permission to members of the Town of Leesburg staff and their agents to enter the subject property and conduct investigations necessary to evaluate this application.

_____ Owner Signature <span style="float: right;">Date</span>	_____ Owner Signature <span style="float: right;">Date</span>
_____ Print Name (Owner)	_____ Print Name (Owner)
_____ Applicant Signature <span style="float: right;">Date</span>	_____ Applicant Signature <span style="float: right;">Date</span>
_____ Print Name (Applicant)	_____ Print Name (Applicant)