



**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date Application Deemed Complete: \_\_\_\_\_

Date of Pre-Application Meeting: \_\_\_\_\_

Date Application Fee Paid: \_\_\_\_\_

Tracking No. ZA: \_\_\_\_\_

**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES**

**DEPARTMENT OF PLANNING AND NATURAL RESOURCES**

**Division of Comprehensive & Coastal Zone Planning**

**St. Croix**

340-773-1082

**St. Thomas/St. John**

340-774-3320

**Zoning Map Amendment and Planned Area Development Application**

Request is for: Rezoning  Use Variance  Planned Area Development

1. Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

***Note: Official correspondence will be mailed to the address above***

2. Contact Person/Representative \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

3. Property Address \_\_\_\_\_

4. Tax Assessor's Parcel I.D. Number \_\_\_\_\_

5. Current Zone \_\_\_\_\_ Proposed Zone or Use Variance \_\_\_\_\_

6. Site Acreage \_\_\_\_\_

7. Property Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

8. Detailed Description of what currently exists on the property: \_\_\_\_\_

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9. Does what currently exist on the property conform to its current zoning district's requirements? **Yes** **No**

10. Detailed Description of Proposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is the property served by municipal sewer lines? **Yes** **No**  
If **NO**, please explain plan for sewage disposal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is the property served by municipal water lines? **Yes** **No**  
If **NO**, please explain plans for water supply. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there any flood ways on the site? **Yes** **No**

14. Are there any cultural/historical resources on the site? **Yes** **No**  
If **YES**, describe how the cultural/historical resource(s) will be incorporated into the development proposal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Does the property have any recorded covenants and restrictions?  
**Yes** **No**  
If **YES**, provide a copy of the restrictions in the application package.  
Do they preclude undertaking the uses that are proposed? **Yes** **No**

**Required Submittals with this application**

**One electronic OR printed copy** of this application along with every item in the checklist below.

Printed documents shall be submitted on letter-sized paper (8.5" x 11"). One copy of the Official Recorded and Numbered PWD/OLG Map shall be submitted on letter-sized paper. Maps, Surveys, Plans, and Renderings shall be submitted in a format no larger than 24" x 36".

- Letter of Application**- Address letter to the Senate President; Indicate name of property owner(s) and authorized agent(s) with mailing addresses and contact numbers, legal physical address and acreage of parcel(s) to be rezoned, current and requested zone, and specific intent for proposal.
  
- Official Recorded and Numbered PWD/OLG Map** (*Obtained from and certified no more than a year from date of submission by the Office of the Lieutenant Governor, Cadastral Division, St. Croix 773-6449; St. Thomas 774-9906*)
  
- Adjacent Property Owners Certification**- List of complete names, mailing addresses and plot numbers of all adjacent property owners extending a minimum radius of one hundred and fifty (150) feet from the boundary line of the subject property. **List shall be no older than a year from date of submission.** (*Obtained from the Office of the Lieutenant Governor, Cadastral Division*).
  
- Recorded Deed** (*Include copy of covenants and restrictions referenced in deed; obtained from the Office of the Lieutenant Governor, Recorder of Deeds, St. Croix 773-6449; St. Thomas 774-9906*)
  
- Real Property Tax Clearance Letter** (*Obtained from the Office of the Lieutenant Governor, Division of Real Property Tax, Office of the Tax Collector, St. Croix 773-6449; St. Thomas/ St. John 774-2991*) **USE ATTACHED TAX CLEARANCE CERTIFICATE REQUEST FORM**
  
- Contract of Sale and/or Lease Agreement** (*if applicable*)
  
- Power of Attorney** (*Notarized Power of Attorney required if applicant/representative is not the property owner(s) of record, if property is owned by more than one person, and/or if property owner is a corporation.*)
  
- Articles of Incorporation** (*required if the property is owned by a corporation and/or a corporation is the applicant/representative*)

- **Photographs** (*Depicting intervals along the perimeter of the property, its existing on-site conditions, and surrounding neighborhood to the North, South, East, and West*)
  
- **Conceptual Site Plan and/or As-built drawing-** At a minimum scale of 1 inch = 40 feet and may include the following:
  - Conceptual layout of the property.
  - Existing/proposed building locations and footprint.
  - Location of uses and open spaces.
  - Location of watercourses (*guts*) and existing/type of vegetation on the site.
  - Location of existing/proposed street and driveways, accesses, and circulation patterns.
  - Current use and zoning of the site and adjacent property.
  - Landscape design and screening/buffering plan.
  - Proposed lot size/density and setback.
  - Proposed development timing.

**PLEASE NOTE:** Submission of the requested information is a prerequisite for a pre-application meeting and **DOES NOT** constitute the submission of an application to the Legislature for a Zoning Map Amendment (Rezoning or Use Variance) or a Planned Area Development. **A determination that an application is complete IN NO WAY implies that additional information may not be required.**

I/We attest that the information submitted on this form is a true and accurate representation of my/our development plan(s) for the property. **WE UNDERSTAND AN INCOMPLETE APPLICATION PACKAGE IS INVALID AFTER ONE YEAR OF INACTIVITY. IN CASES OF DENIAL, RENEWAL APPLICATIONS MAY BE REOPENED ONLY AFTER 12 MONTHS FROM DENIAL DATE (VIC, T. 29, CH. 3, SECTION 238 (D)).**

Print _____	Print _____
Sign  _____	Sign _____
Date _____	Date _____