

APPLICATION FOR:

MASTER PLAN AMENDMENT

MPA # 2000-0007

~~ZONING MAP AMENDMENT~~

~~REZ#~~ _____

PROJECT NAME: Water Quality Management Supplement

PROPERTY LOCATION: _____

APPLICANT Name: _____

Address: _____

PROPERTY OWNER Name: _____

Address: _____

Interest in property: Owner Contract Purchaser
 Developer Lessee Other _____

If property owner or applicant is being represented by an authorized agent such as an attorney, a realtor, or other person for which there is some form of compensation, does this agent or the business in which they are employed have a business license to operate in Alexandria, VA:

- yes: If yes, provide proof of current City business license.
- no: If no, said agent shall obtain a business license prior to filing application.

THE UNDERSIGNED certifies that the information supplied for this application is complete and accurate, and, pursuant to Section 11-301B of the Zoning Ordinance, hereby grants permission to the City of Alexandria, Virginia, to post placard notice on the property which is the subject of this application.

Print Name of Applicant or Agent

Signature

Mailing/Street Address

Telephone #

Fax #

City and State Zip Code

Date

FOR CITY STAFF USE ONLY:

Date application received: _____ Fee Paid: \$ _____
Date application complete: _____ Staff Reviewer: _____

ACTION - PLANNING COMMISSION: 01/2/01 APPROVED 6-0

ACTION - CITY COUNCIL: 01/13/01PH -- CC approved the Planning Commission recommendation.