



Town of Tazewell
 P.O. Box 608
 Tazewell, Virginia 24651
 Telephone: (276) 988-2501
 Fax: (276) 988-2505
 Website: www.townoftazewell.org

REZONING APPLICATION

I, Ronald & Debbie Holloway do hereby request to have my property located at
 (Print Full Name)

751 Fincastle Trke Tazewell VA 24651 rezoned from a
 (Street Address, City, State, Zip)

present (please circle one) A-1, R-1, R-2, R-3, R-4, B-1, B-2, M-1 zoning classification to a
 requested (please circle one) A-1, R-1, R-2, R-3, B-1, B-2, M-1 zoning classification. The property tax
 number of the property associated with my request to rezone is 094B A 0053,0054
 (Tax ID Number)

I also understand the TOTAL cost to the Town of Tazewell associated to have such property rezoned will be paid by the land owner requesting the rezoning regardless if rezoning is approved or not. I have read and fully understand the above.

Debbie Holloway
 Land Owner Signature

PURPOSE OF REZONING

Why is the property being requested to be rezoned and what is going to be built on it?
Childrens Residential Facility

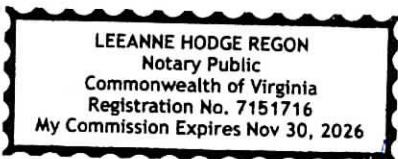
Type of Structure: Residential _____ Commercial _____
 Dimensions of Lot 174'w x 224'd Size of Structure 2984
 Minimum Front Yard Depth 25 - Rew Minimum Rear Yard Depth 10 ft

CERTIFICATION

State of Virginia City/County Tazewell on 12 1 2022
 Month Day Year

This individual who name is signed to the foregoing instrument appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

(NOTARY SEAL)



My commission expires Nov 30, 2026 Leeanne Hodge Regan
 Notary Signature