



P.O. Box 209 | 6 East Pennsylvania Avenue
Lovettsville, VA 20180
(540) 822-5788

Ordinance Amendment Application

Property Owner's Name: _____

Fee: \$150

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Owner's Representative (If Applicable): _____

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Description of Amendment:

Ordinance Section(s) Requested to be Modified: _____

Proposed Text: _____

I hereby certify that I am the property owner and this application in all its parts, is complete, correct and in compliance with the applicable Town of Lovettsville Ordinances, to the best of my knowledge. I acknowledge responsibility for all engineering, legal, zoning and planning review fees incurred by the Town in connection with the review of this application, and all outstanding debts owed to the Town of Lovettsville and Loudoun County have been paid prior to filing this application.

Signature of Property Owner(s)	Printed Name of Property Owner(s)	Date

-----Office Use Only-----

Date Application Received _____ Application Complete _____ Application Fee Paid _____ Town Real Estate Taxes Paid _____

Loudoun County Personal Property Taxes Paid _____ All Fees Owed to Town Have Been Paid (Including Auto Decal) _____