



City of
WEIRTON
West Virginia

Inspections & Code Enforcement
200 Municipal Plaza
Weirton, WV 26062
1.304.797.8500 Ext #1005
www.cityofweirton.com



Zoning Map Amendment Application

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This application and all requirements must be filed with the Office of Inspections & Code Enforcement by the deadline for the current public hearing date in order to allow for the required minimum of 15 days for advertised notice prior to the hearing. Call the department at 1.304.797.8500 Ext #1005 for the most current deadline date.

The Map Amendment fee is \$100.00 to be paid upon submittal of this application.

I hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true.

Signature of Petitioner
Date Submitted

Return To:

City of Weirton
Inspections Department
200 Municipal Plaza
Weirton, WV 26062
City of Weirton

Checks Payable To:

City of Weirton

Disclosure Statement:
Your application may require that your requested action be brought before the City of Weirton, Board of Zoning Appeals or the City of Weirton Planning Commission.
These two entities are comprised of City of Weirton residents. In order to determine if a current member of either the City of Weirton Planning Commission or the City of Weirton Board of Zoning Appeals may have a potential conflict of interest with your application, please provide the following information.
State law requires that a member of either board recuse himself/herself from the proceedings if a conflict of interest exists. Thank you for your cooperation.

Property Owner(s) Name(s)

Petitioner First & Last Name

If there is more than one petitioner, please submit names and addresses on a separate page

Street:
City/State/Zipcode:
Petitioner Address

Petitioner Email Address
Petitioner Telephone Number & Fax (If Applicable)

Location or Address of Property to be Rezoned

Tax Map #	
Parcel(s)	

Explanation of Zoning Request:

Zoning District (Current)	
Zoning District (To Change To)	

Attachments Required
<ul style="list-style-type: none">• Submit a copy of the deed showing ownership of the property to be rezoned.• Submit a copy of a survey plat of the property to be rezoned.



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Name of Financial Institution Financing Project

Name of Project Engineer/Firm

Name of Project Architect/Firm

Name of Project Realtor/Firm

Name of Building Materials Supplier/Firm

Name of Developer/Firm

Signature of Property Owner(s)
Date Submitted

OFFICE USE ONLY

Signature of Planning Commission Chairman
Date

Zoning District:	
Tax Map #	
Parcel #	

Planning Commission Public Hearing Date

Planning Commission Recommendation

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Rejected

City Council Public Meeting Date

City Council Recommendation

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Rejected

IF APPROVED:	
New Zoning District:	
Zoning Map Updated Date:	

Application # _____
Date Paid _____
Amount Paid _____
Check/Receipt # _____