



COMMONWEALTH OF VIRGINIA COUNTY OF CUMBERLAND Zoning Permit Application

Internal Use Only
RECEIVED _____
COMPLETED _____
FEE/Ck. # _____
RECEIPT # _____

Tax Map Number: _____ **Zoned:** _____ **Acreege:** _____

*****A Plat must be attached to ALL Zoning Permit Applications.*****

A Zoning Permit must be issued before starting construction or locating any structures. Application is hereby made for a ZONING PERMIT in accordance with the description, use and purposes hereinafter set forth. This application is made subject to all local and State laws and ordinances, which are hereby agreed to by the undersigned, and which shall be deemed a condition entering into the exercise of this permit.

NOTE: This permit does not provide any assurance with respect to the actual location of property lines, and the permit applicant is responsible for establishing the true location of any such property lines prior to construction or locating any structures on the property.

<p align="center">Name and Address of Applicant:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p align="center">Name and Address of Property Owner:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Describe existing and proposed structures and use thereof:

Existing: _____

Proposed: _____

Water-Sewerage Requirements: Well Public Septic Tank Public

NOTE: Permit for a septic tank/well & approval of location of same is obtained from the State Board of Health prior to the issuing of this permit

Please provide on the reverse of this page, on the attached Plat or additional sheet a scale drawing showing the road and its name/#, boundaries of the parcel, existing buildings, proposed project, proposed setbacks, right-of-way, and any other pertinent information.

Plat is Attached Scaled Drawing of Proposed Project is Attached

Setback Requirements:

Front: _____ ft from the centerline of roadway.

Side: _____ ft Rear: _____ ft Accessory Building Setback: _____ ft

I hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains and electric installation which may result from excavation or development.

I hereby certify that I have the authority to make the foregoing application, that the statements made and information given is correct and the construction of any building or the location of any structure of the tract or lot which is the subject of this application will conform with the regulations in the Building Code Zoning Ordinance, and private building restrictions, if any, which may be imposed.

Print Name of Applicant

Signature of Applicant

Date

Application is: Approved Rejected Conditional Use Permit

Zoning Administrator

Date