

TOWN OF BLUEFIELD, VIRGINIA

ZONING PERMIT APPLICATION

1. Owner / Applicant Information:
Full Name of Property / Structure Owner:
Mailing Address of Owner:
City, State, Zip:
Phone Number of Owner:
Alternate Phone Number:
Fax Number of Owner (if applicable):
E-mail Address of Owner:
Name of Applicant (if different from Property Owner):

2. Property / Site Information:
Physical Address (If Known):
General Location (Lot #, Subdivision, Street):
OFFICE USE ONLY:
Zoning District: _____ Tax Parcel Number(s) _____

3. Reason Zoning Permit is Being Requested (Please Check One):
☐ Accessory Structure ☐ Deck ☐ Driveway ☐ Fence ☐ New Construction (describe below) ☐ Sign/Sign Refacing ☐ Wall ☐ Zoning Compliance (New Business) – Skip to Section 5 ☐ Mobile Food Establishment ☐ Other (describe below)

4. Specifics Relating to Improvement
Overall Height (Feet):
Area of Structure (sq. ft.):
Height (FENCE): Front Yard: Side Yard: Rear Yard:
Estimated Cost of Work:
Type of Sign (If Applicable):
OFFICE USE ONLY:
Height Required by Code: _____ Height Requirement Met: ☐ Yes ☐ No
Height Required by Code: FY: _____ SY: _____ RY: _____ Height Requirements Met: ☐ Yes ☐ No _____
Setback Requirements: front _____ side _____ Setback Requirements Met: ☐ Yes ☐ No - _____
Will the Structure be in the Floodplain? ☐ Yes ☐ No Will the Structure be in the Floodway? ☐ Yes ☐ No

5. Zoning Compliance, New Business, or Mobile Food Establishment ONLY – Name of Business:
Please attach a business plan (not including financials) including the following information: Detailed Description of Business Expected Number of Employees Expected Number of Parking Spaces Needed Number of Parking Spaces Available Expected Hours of Operation Is an Area Needed for Unloading Equipment/Supplies
OFFICE USE ONLY:

Parking Verified: ☐ Yes ☐ No	Conditional Use Permit Required: ☐ Yes ☐ No
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6. Mobile Food Establishment:
Please verify that the following have been obtained:
☐ Town of Bluefield, Virginia Business License
☐ Copy of Valid Health Permit by the Virginia Department of Health (Please provide a copy)
Check below to verify that all other state permitting requirements have been met:
☐ Yes ☐ No

This application is made subject to all local ordinances, including but not limited to: the Town of Bluefield Zoning Ordinance; Erosion and Sediment Control Ordinance; the Subdivision of Land Ordinance; the Stormwater Management Ordinance and state laws and statutes which are hereby agreed to by the exercise of this application.

The zoning permit will be granted on the express condition that the said use, improvement, construction, and so forth shall, in all respects, conform to the ordinances of the Town of Bluefield including the Zoning Ordinance and all applicable state and federal statutes and regulations regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances. The Town of Bluefield will notify the applicant of any known existing easements. It is the responsibility of the applicant to substantiate that no easements of any kind are present near or upon the section of property to which said use, improvement, construction, and so forth is being done. The Town of Bluefield may require more documentation for unique situations to ensure compliance with the Town of Bluefield Code of Ordinances. The Town of Bluefield reserves the right to interpret the Town of Bluefield Code of Ordinances and refuse the zoning permit.

The Town of Bluefield will not be responsible for any resulting changes in stormwater drainage patterns the above requested project may create if approved. Any resulting issues are the responsibility of the property owner or their representative to resolve.

I hereby certify that I have authority to make the foregoing application, that the information given is correct and that any and all work and materials will conform to the regulations in the Virginia Uniform Statewide Building Code, Zoning Ordinance, all applicable state and federal statutes, and private covenants and restrictions, if any, which may be imposed upon the above described property by deed. I further grant the right of entry unto the Zoning Administrator or any Town Official and/or his agent for the purpose of inspecting and monitoring for compliance.

The Town has issued this permit with the best knowledge available.

I hereby covenant to restore any and all damage to sidewalks, curbs and gutters, streets, alleys, sewers, gas mains, water mains, and other public utilities and infrastructure that may result from this job and/or construction, and/or improvements.

Work must begin within one hundred and eighty (180) days and the zoning permit is valid for one (1) year after start of work. The zoning permit is nontransferable.

I affirm that all information provided for this zoning permit application is true and accurate. I will inform the Zoning Administrator if any changes are made to the information provided for this permit.

PRINTED NAME OF OWNER OR APPLICANT	SIGNATURE AND DATE
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OFFICE USE ONLY:	
Zoning Permit # : _____	Date Issued: _____