



Permit No.: \_\_\_\_\_

Fee: \$100.00

## RAPAHANNOCK COUNTY, VIRGINIA APPLICATION FOR ZONING PERMIT

No principal structure or use permissible by right, by Special Use Permit, or by Special Exception Permit shall be constructed, nor may excavation or grading therefore be commenced prior to issuance of a Zoning Permit for such structure or use by the Zoning Administrator. **NO BUILDING PERMIT MAY BE ISSUED PRIOR TO THE ISSUANCE OF A VALID ZONING PERMIT. A site plan and building plans must accompany this application, as well as a copy of the recorded deed, recorded plat with setbacks from the property lines to the structure, copy of Health Department permit, and VDOT entrance approval.** Tax Map and Parcel Number must be verified by the Commissioner of the Revenue's office located at 262 Gay Street.

(1) Name of Owner: \_\_\_\_\_ (2) Telephone: \_\_\_\_\_

(3) Address of Owner: \_\_\_\_\_

\_\_\_\_\_ 4) Email: \_\_\_\_\_

(5) Contractor (name, address, email, phone): \_\_\_\_\_

### **PROPERTY LOCATION AND DESCRIPTION:**

(6) Tax Map Reference No: \_\_\_\_\_ Parcel No: \_\_\_\_\_ (7) No. of acres in tract: \_\_\_\_\_ (8) Magisterial District: \_\_\_\_\_

(9) Zoning: \_\_\_\_\_ (10) Historic District: Yes \_\_\_\_\_ No \_\_\_\_\_ (11) Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_

(12) Date of acquisition: \_\_\_\_\_ (13) Former owner: \_\_\_\_\_ (14) Deed Reference: \_\_\_\_\_

(15) Located on State Route No: \_\_\_\_\_ (16) Property served by right-of-way? \_\_\_\_\_ (17) Are there any other houses on this right-of-

way? \_\_\_\_\_ (18) Name of road or lane structure is to be built on: \_\_\_\_\_

### **NATURE OF PROPOSED STRUCTURE OR USE:**

(19) Describe new use for which Zoning Permit is sought: \_\_\_\_\_

# of Bedrooms \_\_\_\_\_ Full Baths \_\_\_\_\_ Half Baths \_\_\_\_\_ Use Group \_\_\_\_\_ Residential \_\_\_\_\_ Other (specify) \_\_\_\_\_

Building Height \_\_\_\_\_ Number of Stories \_\_\_\_\_ Number of Dwelling Units \_\_\_\_\_

(20) Will this structure/addition be located in a floodplain? Yes \_\_\_\_\_ No \_\_\_\_\_ (21) Are there any existing structures on the property?

\_\_\_\_\_ If so, indicate on plat or site plan and describe: \_\_\_\_\_

(22) Have you built a house within the last 24 months, as a owner/builder? Yes \_\_\_\_\_ No \_\_\_\_\_

(23) Will business or commercial uses be involved? \_\_\_\_\_ Describe: \_\_\_\_\_

(24) Parking facilities: \_\_\_\_\_ (Number of vehicle spaces) (25) Has necessary entrance permit from the VA Dept. of Transportation been

obtained? \_\_\_\_\_ Date: \_\_\_\_\_ Permit No: \_\_\_\_\_ (26) Has the necessary VA Dept. of Health approval been

obtained? \_\_\_\_\_ Date: \_\_\_\_\_ Permit No: \_\_\_\_\_

Note: It is the responsibility of the person issued this permit to insure adherence to all Zoning and Building regulations. Maximum building height for residential use is 35 feet. (Consult Building or Zoning office for building heights in other zoning classifications)

I hereby certify that all of the foregoing information is true and correct to the best of my knowledge and belief:

\_\_\_\_\_  
Signature of Owner or Agent

Date: \_\_\_\_\_

**SITE PLAN SHOWING ALL EXISTING AND PROPOSED STRUCTURES MUST ACCOMPANY THIS FORM!**

Do not write below this line:

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(1) Lot: Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Deed Reference: \_\_\_\_\_

Non-conforming lot: \_\_\_\_\_ Established: \_\_\_\_\_ Deed Reference: \_\_\_\_\_

(2) Use permitted by right: \_\_\_\_\_ Section: \_\_\_\_\_

Special Use Permit required: \_\_\_\_\_ Section: \_\_\_\_\_

Special Exception Permit required: \_\_\_\_\_ Section: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

RAPPAHANNOCK COUNTY ZONING ADMINISTRATOR