



TAPPAHANNOCK, VIRGINIA

ZONING PERMIT

P.O.Box 266 • 915 Church Lane
 Tappahannock, Virginia 22560
 (804) 443-3336 • Fax (804) 443-1051
 www.tappahannock-va.gov

HISTORIC OVERLAY

Zone Permit No.

Certif. of Occup.

No building or other structure shall be erected, moved, added to, structurally altered, nor shall any building, structure, or land be established or changed in use without a permit therefor, issued by the Administrator.

Application is hereby made for a Zoning Permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all local and State laws and ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit. This permit shall expire and may be revoked if work has not begun within one (1) year or been substantially completed within two and a one-half (2-1/2) years from the date of issuance.

I. IDENTIFICATION		Name	Mailing Address - Number, street, city, and state	ZIP code	Tel. No.
1.	Owner or Lessee				
2.	Contractor			Builder's License No.	
3.	Architect or Engineer				

II. LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____
	(NO.) _____ (STREET) _____	
	BETWEEN _____ AND _____	
	(CROSS STREET) _____ (CROSS STREET) _____	
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT _____ SIZE _____	

Existing use: _____ If purchased within the past two years from _____ Date _____

I hereby certify that on January 1 the land described below is listed in the name of: _____

III. TYPE AND COST OF BUILDING -		
A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (state nature) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	D. PROPOSED USE - For "Wrecking" most recent use Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more families - Enter number of units ----- <input type="checkbox"/> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units ----- <input type="checkbox"/> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Accessory _____ 18 <input type="checkbox"/> Other - Specify _____	Nonresidential 19 <input type="checkbox"/> Amusement, recreational 20 <input type="checkbox"/> Church, other religious 21 <input type="checkbox"/> Industrial 22 <input type="checkbox"/> Parking garage 23 <input type="checkbox"/> Service station, repair garage 24 <input type="checkbox"/> Hospital, institutional 25 <input type="checkbox"/> Office, bank, professional 26 <input type="checkbox"/> Public utility 27 <input type="checkbox"/> School, library, other educational 28 <input type="checkbox"/> Stores, mercantile 29 <input type="checkbox"/> Tanks, towers 30 <input type="checkbox"/> Other - Specify _____
		B. OWNERSHIP 8 <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)
C. COST 10. Cost of improvement \$ _____ To be installed but not included in the above cost a. Electrical..... b. Plumbing c. Heating, air conditioning..... d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ _____	(Omit cents)	Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____ (OVER)

STREET

IV. SELECTED CHARACTERISTICS OF BUILDING –

A. PRINCIPAL TYPE OF FRAME 1 <input type="checkbox"/> Masonry (wall bearing) 2 <input type="checkbox"/> Wood frame 3 <input type="checkbox"/> Structural steel 4 <input type="checkbox"/> Reinforced concrete 5 <input type="checkbox"/> Other - Specify _____ _____	C. TYPE OF SEWAGE DISPOSAL 14 <input type="checkbox"/> Public or private company 15 <input type="checkbox"/> Private (septic tank, etc.) <hr/> D. TYPE OF WATER SUPPLY 16 <input type="checkbox"/> Public or private company 17 <input type="checkbox"/> Private (well, cistern)	F. DIMENSIONS 30. Number of stories 31. Total square feet of floor area, all floors, based on exterior dimensions <hr/> G. NUMBER OF OFF-STREET PARKING SPACES 32. Enclosed..... 33. Outdoors..... <hr/> H. RESIDENTIAL BUILDINGS ONLY 34. Number of bedrooms..... 35. Number of Bathrooms { Full..... Partial.....
B. GENERAL FEATURES 6 No. Stories _____ 7 No. Rooms _____ 8 No. Apartments _____ 9 No. Families _____ 10 <input type="checkbox"/> Utility Room _____ 11 <input type="checkbox"/> Basement <input type="checkbox"/> 1/4, <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2, <input type="checkbox"/> Full 12 <input type="checkbox"/> Cellar 13 <input type="checkbox"/> Other _____	E. DIMENSIONS 18 Bldg. Width _____ 19 Bldg. Depth _____ 20 Bldg. Height _____ 21 Lot Depth _____ 22 Bldg. Setback _____ 23 Rear Yard _____ 24 Left Yard _____ 25 Right Yard _____ 26 Lot Width _____ 27 Other _____	

V. PLANS A. Plans in triplicate drawn to scale, showing the actual dimensions and the shape of the lot to be built upon; the exact size and location of existing buildings on the lot, if any; and the location and dimensions of the proposed building(s) or alteration are to be presented with this application.

B. A Plot Plan () is attached
 Construction Plans () are included
 () are not included

Estimated date of completion _____

I hereby certify that I have the authority to make the foregoing application, that the information given is correct and that the construction will conform with the regulations in the Building Code, Zoning Ordinances, and private building restrictions, if any, which may be imposed upon the above property by deed.

Signature of owner or authorized agent _____ Date _____

Address _____

Telephone Number _____

NOTE: Permit for septic tank and approval of location of same and of well must be obtained from the County Health Department after lot has been cleared and building has been staked out, but before construction has been started.

Zoning Permit
 Approved under provisions of Article _____ SEC. _____
 Paragraph _____, Zoning ordinance adopted _____

 Administrator or Agent

Date _____

Rejected under provisions of Article _____ SEC. _____
 Paragraph _____, Zoning Ordinance adopted _____

 Administrator or Agent

I, or we, hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, water mains, and electric installations which may result.

OWNER _____

BUILDER _____

PERMIT FEE \$ _____