



COUNTY OF APPOMATTOX
Department of Community Development
P.O. Box 863 ~ Appomattox ~ VA 24522
Phone (434) 352-8183 ~ Fax (434) 352-4214

Permit Fee
\$25.00

APPLICATION FOR ZONING PERMIT

NAME OF APPLICANT: _____

Date of Application: _____

Mailing Address: _____

Phone Number or Email Address: _____

CURRENT LANDOWNER (if different): _____

Mailing Address: _____

PROPERTY: Tax Map Number: _____ Address/Street Name: _____

ENTRANCE: New (*VDOT permit needed*) Existing

CHECK ALL BOXES THAT APPLY TO THIS APPLICATION:

- Residential
 - Single-Family Dwelling (includes Modular Units) Addition
 - Two-Family Dwelling (Duplex) Pool
 - Manufactured Home
 - Single-Wide Year: _____ Serial #: _____
 - Double-Wide Year: _____ HUD #: _____
- Commercial (specify): _____ Industrial (specify): _____
- Accessory Structure
 - Sheds/ Carports: Dimensions _____ Material: _____ How many sides are enclosed? _____

SETBACKS (Proposed setbacks as viewed from the street/road): Please provide setbacks on the attached sketch or attach a plat, survey or aerial photograph showing the placement of any proposed structure(s) and include the setbacks.

STRUCTURE HEIGHT (Proposed height as measured from average grade to peak of roof): _____ feet

Application for zoning approval must be made by the Landowner or with his/her permission. If the Applicant is different than the Landowner, then one of the following must accompany the application (1) Letter of permission from the Landowner, or (2) Copy of a signed contract or agreement for the work to be done OR (3) Copy of the contract to purchase the property, if applicable.

A Zoning Permit is required for the construction or placement of any structure. A Building Permit may also be required. The information provided, concerning the land use and zoning setbacks, is true to the best of my knowledge. I realize, as owner/applicant, that I am responsible for identifying the property lines for determination of setback compliance. I also realize if the setback requirements of the Appomattox County Zoning Ordinance are not met, then I will be in violation of the Appomattox County Code.

_____ **Date**

_____ **Signature of Owner/Applicant**

For Office Use Only

Zoning District: _____

Approved as Proposed **Approved with conditions (see below)**

Disapproved _____

Zoning Administrator: _____ **Date:** _____

SKETCH

