Commercial Occupancy Permit

Permit: _____

Planning & Community Development
221 S. Nursery Avenue, Purcellville, VA 20132
Phone: 540-338-2304 Fax: 540-338-7460

Application Type:

☐ **Occupancy**: Proposed Use: _____ Sq. Ft. _____

☐ **Change of Use**: Proposed Use: _____ Sq. Ft. _____

Former Use: _____ Sq. Ft._____

Other Existing Uses (List all uses on site with square footages):

Number of Employees: _____ **Off Street Parking:**:

Total Existing Off-street Parking Spaces: _____

Spaces Required for Proposed Use: _____

Spaces Provided: _____

Site Address: _____

Applicant Name: _____

Business Name: _____

Mailing Address: _____

Phone #: _____ **E- Mail:** _____

Property Owner's Name (If Different):_____

Mailing Address: _____

Phone#: _____ **E-Mail:** _____

I as the applicant for this permit do hereby agree to comply with the conditions of this permit and all other applicable town requirements:

_____ _____

Applicants Signature **Date**

I, as owner or authorized agent for the above-referenced parcel, agree to the proposed use on my property as described herein. I grant permission to the Town or authorized government agents to enter the property and make such investigations and tests as they deem necessary for the processing of this permit. Final inspections are scheduled through the Town of Purcellville Zoning Official and occur on Monday's, Wednesday's, and Friday's. Any special requests for an inspection must be made 48 hours in advance.

_____ _____ _____

Property Owner Name **Property Owners Signature** **Date**

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BELOW FOR OFFICE USE ONLY-UPDATED 2025-04-18

_____ **MCPI#** _____ **Zoning District**_____

Subdivision / Development

Permit Fee: _____ **Property Taxes Paid:**_____ **Business License:** _____

Occupancy Inspection Approval: _____**Date:** _____

Zoning Approval: _____ **Date:** _____

Zoning Administrator / Designee

PERMIT