Town of Claremont

4115 Spring Grove Avenue
P.O. Box 310
Claremont, Virginia 23899
O: 757.866.8427 F: 757.866.8497
townclaremont@aol.com

Claremont, Virginia

ZONING APPLICATION FEE - $125.00

ZONING PERMIT

A ZONING PERMIT MUST BE ISSUED BEFORE STARTING CONSTRUCTION
APPLICATIONS MUST BE SIGNED BY THE CLAREMONT ZONING ADMINISTRATOR

Date: _____

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.

NAME OF OWNER: _____
NAME OF CONTRACTOR: _____ ADDRESS _____
NAME OF ARCHITECT: _____ ADDRESS _____
CERTIFIED STATE CONTRACTORS NO.:_____
If for Alterations or Repairs, State the nature: _____
If for Advertising Structure, State Location and size: _____
If for new Construction, State Use _____
Check all that apply:
Water Supply: Well_____ Public System_____ **Sewage Disposal**: Septic Tank_____ Public System _____

Location: North/South/East/West of Road #_____ about _____ miles from _____
or _____ side of _____ street, between _____and _____.
Lot# _____ Block _____ Section _____of _____ Subdivision _____
# of Acres in Tract _____ or size of Lot _____x_____ District _____

I hereby certify that on January 1st the land described below is listed in the Name of: _____
(Note: This permit is subject to approval for septic tank and well location of same from the County Health Department.)

A Plot Plan: **Construction Plans:**
( ) is attached ( ) is sketched on the back of this application ( ) 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 Surry 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: _____
Address: _____
Telephone #: _____

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: _____ or Contractor: _____

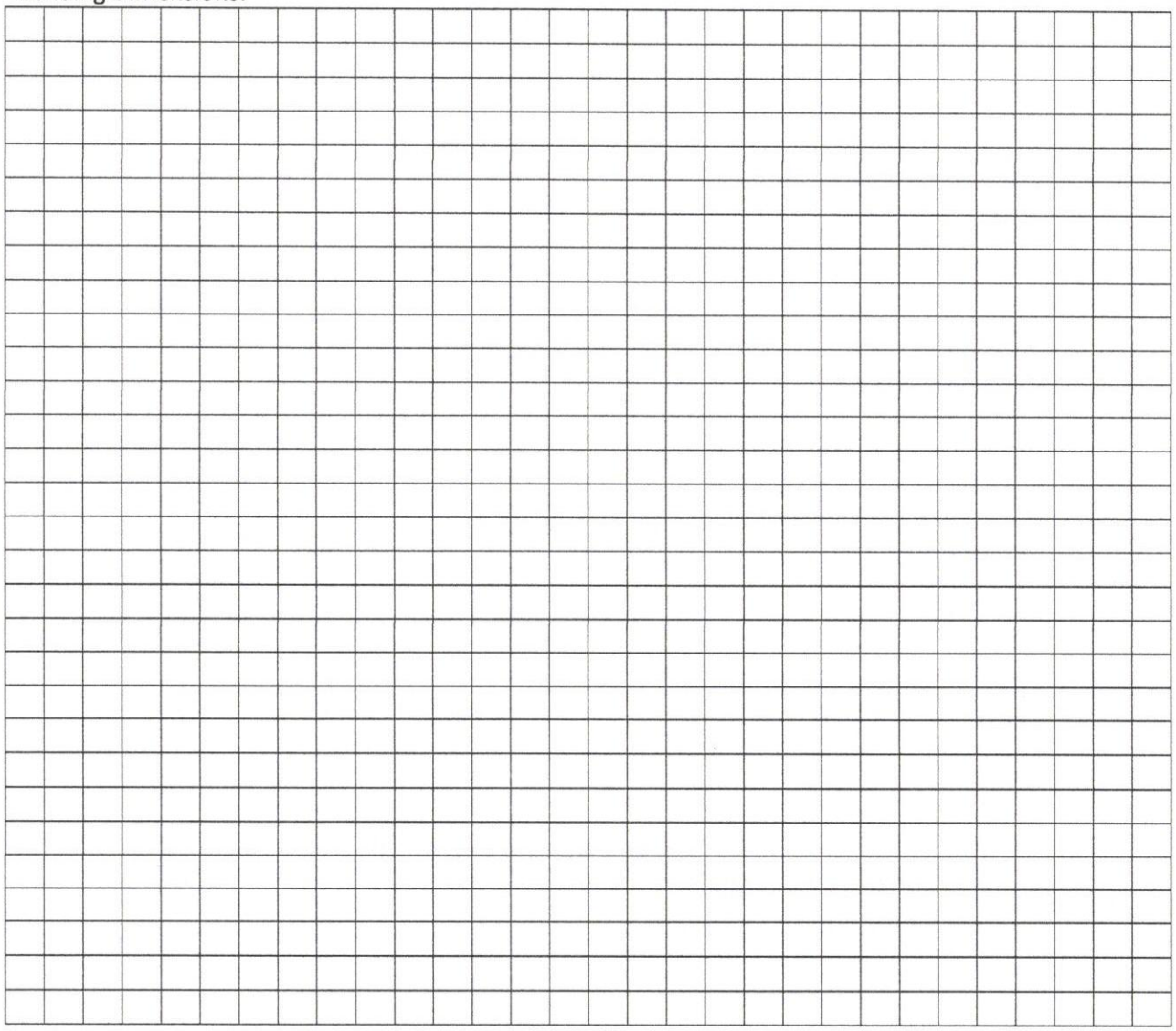
The Town on the James River Midway between Richmond and Norfolk
Incorporated in 1886

FILL OUT COMPLETELY

SKETCH ALL BUILDINGS ON LOT SHOWING ALL DISTANCES TO PROPERTY LINES: SHOW HOW FAR THE PROPOSED BUILDING WILL BE FROM OTHER BUILDINGS, PROPERTY LINES AND THE STREET. ALSO SHOW THE DIMENTIONS (LENGTH, WIDTH AND HEIGHT) OF THE PROPOSED BUILDING.

BUILDING USE: _____

Building Dimensions:



FRONT

_____

Street/ Road

Zoning Permit Approved by: _____ Date: _____

(Zoning Administrator)

Zoning Permit NOT Approved by: _____ Date: _____

(Zoning Administrator)

Rejected under Zoning Ordinance/State Code _____

Revised 9/2013