TOWN OF MADISON

ZONING PERMIT APPLICATION (ZP)

For all zoning requirements see Town of Madison Zoning Ordinances, Article XV, Subsection 15-3 Zoning Permit. Contact the Town Administrator with any questions at 540.948.3202 or townoffice@townofmadisonva.com

OWNER INFORMATION	
Property Owner Name:	
Address:	City, State, Zip:
Email:	Phone:
AUTHORIZED AGENT* (*Include verification letter from owner.)	
Authorized Agent Name:	
Address:	City, State, Zip:
Email:	Phone:
PROPERTY INFORMATION	
Tax Map Parcel Number(s):	
Physical Address(es):	
Existing Acreage:	Existing Use:
Zoning District:	Zoning History (Prior Actions):
1. Is property in Historic Overlay Zoning District? ☐ YES* ☐ NO If yes, provide sketch or plan(s) of proposed exterior work.	
2. Utilities: Public Water ☐ YES ☐ NO Private Well* ☐ YES ☐ NO Public Sewer ☐ YES ☐ NO Private Septic* ☐ YES ☐ NO *If private well or septic, provide Madison County Health Department approval.	
PROPOSED LAND USE INFORMATION	
Proposed Use (Type of activity/business):	
Renovation ☐ YES ☐ NO New Build ☐ YES ☐ NO	Description of Work:
Physical survey or sketch plan (showing setbacks and location of proposed improvements) is required.	
3. Will there be food preparation? ☐ YES* ☐ NO *If yes, provide Virginia Department of Health approval.	
4. Will there be new signage installed? ☐ YES* ☐ NO *If yes, obtain Town of Madison sign permit. Permit #	

SIGNATURE		
Signature:	Printed Name:	Date:

Applications must include:

- ☐ 1. Sketch or plan(s) of proposed site improvement work (attached).
- ☐ 2. If private well or septic, attach Madison County Health Department approval.
- ☐ 3. Completed zoning permit application form.
- ☐ 4. If required, attach Virginia Department of Health approval.
- ☐ 5. If required, attach Town of Madison sign permit.

Other requirements:

- ☐ Submit electronic (PDF) files of all applications via email to the Town Administrator at townoffice@townofmadisonva.com

Below Space for Town Use:	
Proposed Use:	
Permitted: ☐ YES Code Section:_____ ☐ NO	
Other zoning actions required: ☐ Variance ☐ SUP ☐ ZTA/ZMA	
Parking Requirement:	Parking Provided:

Site Inspection completed (date):	By:
Violations Present: ☐ YES ☐ NO Description:	

Note: [Attach conditions for approved permits.]

Date Application Received:	Date Application Approved:	Fee: **$60.00**	Paid:
		Received By:	
		Approved By:	
		Permit Number:	