Fee:_____

Date Paid:_____

Town of Berryville, Virginia

ZONING PERMIT

Nº

APPLICANT

APPLICANT NAME:_____ PHONE:_____

COMPANY NAME, IF ANY:_____ CELL PHONE:_____

MAILING ADDRESS:_____ EMAIL:_____

PROPERTY ADDRESS AND/OR LOT NUMBER:_____

PROPERTY OWNER'S NAME(S):_____

PURPOSE OF PERMIT: ( ) BUILD ( ) REMODEL ( ) BUS. LICENSE ( ) OTHER_____

SIZE OF STRUCTURE:_____ CONTRACTOR:_____

PROPOSED USE OF STRUCTURE:_____

SIGNATURE OF APPLICANT:_____ DATE:_____

OFFICE USE

DESCRIPTION OF STRUCTURE AND/OR USE:_____

TAX MAP #:_____ ZONING:_____ HISTORIC DISTRICT: Y ( ) N ( )

MINIMUM REQUIRED SETBACKS: FRONT_____ SIDE_____ REAR_____

SETBACKS PROVIDED: FRONT_____ SIDES *(L)*_____ *(R)*_____ REAR_____

SITE PLAN/GRADING PLAN:_____ WATER/SEWER TAPS:_____

FLOODPLAIN: Y ( ) N ( ) EASEMENTS:_____

CONDITIONS:_____

_____

_____

ZONING PERMIT IS HEREBY [ ] GRANTED [ ] DENIED FOR THE STRUCTURES AND/OR USE DESCRIBED HEREIN.

ZONING ADMINISTRATOR:_____ DATE:_____

WHITE – ORIGINAL CANARY – BUILDING INSPECTOR PINK – APPLICANT GOLD – FILE