ZD# _____

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

ZONING DETERMANATION APPLICATION

Fee: $150

Applicant Name: _____

Address: _____

City/State/Zip _____

Phone Number: _____ E-Mail Address: _____

Property Address: _____

Property Owner (if different): _____

Explain proposed use(s) or nature of inquiry in detail (attach additional sheets if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

Note: Supporting documents must be submitted with the application.

Certification: I hereby certify that I have provided this information in order to obtain a zoning determination and I am responsible for its accuracy.

Applicant Signature _____ Date Signed _____

State of Virginia
County of Loudoun
The forgoing instrument was acknowledged before me this
_____ Day of _____, _____

_____
Notary Public
My Commission Expires _____

Registration Number _____

ZD# _____

OFFICE USE ONLY

PIN#
: _____ Property: Parcel #: _____ Zoning District: _____

Located in Historic Overlay District? ☐ Yes ☐ No Contributing Structure? ☐ Yes ☐ No CDA# _____

Conforming Use ☐ Yes ☐ No Conforming Structure: ☐ Yes ☐ No Conforming Lot: ☐ Yes ☐ No

SUP: _____ RZ: _____ Proffers: ☐ Yes ☐ No Variance: _____ Special Exception: _____

Date of Application: _____

Date notice sent to property owner _____ _____

Zoning Administrator _____ Date: _____

If Appealed, BZA Action: ☐ Approved ☐ Denied Date: _____

Payments: ☐ Fee: $150 ☐ Business License ☐ Property Taxes

Determination
: _____