TOWN OF FRONT ROYAL
Department of Planning and Zoning
102 East Main Street, PO Box 1560
Front Royal, VA 22630

Main: 540.635.4236
Fax: 540.635.2727
Email: planning@frontroyalva.com

ADU Permit #: _____
Date Received: _____

ZONING APPLICATION FORM
AUXILLIARY DWELLING UNIT (ADU)

APPLICANT INFORMATION

Property Owner Name: _____

Mailing Address: _____

_____

Phone Number: _____

Email Address: _____

PROPERTY INFORMATION

Property Address: _____

_____

Tax Map Id: _____

Zoning District: _____

Lot Size (sq ft): _____

PROJECT DESCRIPTION

Type of ADU:

☐ **Detached**

☐ **New (requires major Zoning Permit)** ☐ **Conversion (requires minor Zoning Permit)**

☐ **Internal**

☐ **Cessation of ADU**

Proposed ADU Size (sq ft): _____

SETBACKS & LOT COVERAGE

Yard	Required	Existing	Proposed
Front	_____ ft	_____ ft	_____ ft
Side	_____ ft	_____ ft	_____ ft
Rear	_____ ft	_____ ft	_____ ft

- **Lot Coverage (%): _____**

UTILITIES

- **Water: ☐ Existing ☐ New Connection**
- **Sewer: ☐ Existing ☐ New Connection**
- **Electric: ☐ Existing ☐ Upgrade Required**

ADDITIONAL INFORMATION

- **Is the ADU or The Primary Dwelling to be owner occupied? ☐ Yes ☐ No**
- **Is the ADU intended to be used for Short-Term Rental? ☐ Yes ☐ No**

REQUIRED ATTACHMENTS (CHECK ALL THAT APPLY)

☐ House Location Survey/ Plat
☐ Floor Plans
☐ Utility Plan

OWNER OCCUPANCY CERTIFICATION (ADU)

I, the undersigned property owner, hereby certify that I will maintain owner occupancy on the subject property in compliance with applicable zoning and ADU regulations.

I understand and agree that:

- **The property shall be owner-occupied, meaning the owner will reside in either the primary dwelling unit or the auxiliary dwelling unit (ADU).**
- **Owner occupancy shall be maintained for the duration that an ADU is used on the property.**

- **The ADU shall not be used in a manner inconsistent with zoning regulations, including both primary and ADU being simultaneously being used as rentals.**
- **That an inspection of the property by Town personnel during reasonable hours upon prior notice, shall be conducted beginning with an initial inspection of the new ADU, and prior to change of ownership, and on a complaint basis.**

Owner Name (Printed): _____

Owner Signature: _____

Date: _____

Property Address: _____

Tax Map Number: _____

CITY/COUNTY OF _____ COMMONWEALTH OF VIRGINIA

The foregoing instrument was acknowledged before me this _____ day of _____, 202_____ by _____ (name and title of position).

_____
Notary Public's Signature

My Commission Expires: _____

Notary Registration Number: _____