Zoning Compliance/ Confirmation

Date: _____

Department of Planning and Community Development
PO BOX 1600 **Ashland, Virginia 23005**

phone: (804) 798-1073 www.ashlandva.gov
planning@ashlandva.gov

Property Owner

Name:_____Phone: _____

Company:_____

Address:_____

Email:_____

Location Information

Address: _____

GPIN:_____ Zoning: _____

List of Letter Requirements:

_____

_____

_____

Signature Required:

X._____ Date: _____

If a legal representative signs for the property owner, please attach an executed power of attorney.

☐ Owner ☐ Owner's Agent ☐ Other _____

Completed By Staff Only

____ $75 Fee Paid Date: _____

Zoning Administrator Approval _____ Date: _____