Date:__

Application No._

Town of Washington, Virginia P.O. Box 7 Washington, Virginia 22747

For questions or to schedule a meeting call the Town Office (540) 675-3128

ZONING PERMIT APPLICATION

Application Instructions

- 1. Complete as much of the application as possible, paying careful attention to the description of your project.
- Schedule a meeting with the Zoning Administrator by calling the Town Office 540-675-3128 or emailing the Zoning Administrator at <u>zoning@washingtonva.gov</u> or the Town Clerk at <u>townofwashington@washingtonva.gov</u>
- 3. The Zoning Administrator will determine if the application is correct and complete. Additional information or supportive materials my be required to complete the application.
- 4. The appropriate fee will be required as part of completing the application. A fee schedule will be provided for reference. The Zoning Administrator will provide you with the amount due for the application. The fee schedule is on the Town Website.
- 5. The Zoning Administrator will provide a meeting schedule for the required meeting to hear the application. Some types of applications require multiple meetings for approval. If additional meetings are required a tentative schedule will provided.
- 6. Once the application is determined complete and fee is paid the application will proceed to the appropriate meeting. You will receive notification of the meeting a few days prior to the meeting.

Date:___

_____ Application No.___

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ZONING PERMIT APPLICATION

Please print or type all information

Name:
Street Address:
Telephone:
Cell Phone:
Email Address:
Mailing Address:
Property Owner's Name as it appears on land records:
Property Owner's Telephone/Cell Phone:
Property Owner's Email Address:
Property Owner's Address:
Request (Please describe your request):
Owner's Signature:
If more than one owner, list all owners and contact information on the reverse of this page
Applicants Signature:
If more than one applicant, list all owners and contact information on the reverse of this page

Date: Application No.

ZONING APPLICATION – Page 2 of 2 Please print or type all information

Property Information
Current Street Address:
Current Zoning:
Tax map identification number(s):

I/we hereby certify that the above information is complete and correct. I understand that fees will be calculated by either the Town Clerk or Zoning Administrator. I understand that I need to schedule an application meeting with the Zoning Administrator.

Signature Owner/Applicant	Date:	
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Please submit all of the following materials as part of this application

1. One complete copy of this application and supportive materials.

- 2. Sketch if needed.
- 3. Required Fees. See the Town Fee Schedule or check with the Zoning Administrator.

Applications, supportive materials and fees must be submitted to the Town Clerk for the Zoning

Administrator to determine if the application is complete. Complete Applications must be submitted two (2) weeks prior to the regular monthly meeting of the Planning Commission or Town Council. Failure to submit materials may result in a delay.

This section is to be filled out by the Town Zoning Administrator

Application Number:_____

Fee Paid:

Date Fee Paid:_____

Date of Conference with Zoning Administrator:

Application complete and accepted by & date:_____

Application Approved:

Submit applications and materials to:

Mailing Address: Town of Washington, P.O. Box 7, Washington, Virginia 22747

Physical Town Office Location: 567 Mt. Salem Ave, Suite 3, Washington, Virginia 22747

Town Office Phone: (540) 675-3128 Town Clerk Email: townofwashington@washingtonva.gov Zoning Administrator Email: zoning@washingtonva.gov

Please submit all applications, support materials and fees to the Town Clerk.