

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.
2. Schedule a meeting with the Zoning Administrator by calling the Town Office 540-675-3128 or emailing the Zoning Administrator at [zoning@washingtonva.gov](mailto:zoning@washingtonva.gov) or the Town Clerk at [townofwashington@washingtonva.gov](mailto:townofwashington@washingtonva.gov)
3. The Zoning Administrator will determine if the application is correct and complete. Additional information or supportive materials may 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 be 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.

Town Office File Assignment Information: Street Address: _____ 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

