

**Town Port Royal Virginia**  
**Zoning Permit, Application**

Zoning Permit # \_\_\_\_\_

Zoning District \_\_\_\_\_

**Date application received** \_\_\_\_\_

Highway Corridor Overlay District \_\_\_\_\_

A Zoning Permit is required for a Business License. A Business License does not grant any validation or acceptance of any land use or activity.

- A Zoning Permit may be required before application for a Building Permit and is required before the use or change of use in land, buildings or structures or the start of construction for work requiring Zoning Permit review and approval.
- A Zoning Permit may be required prior to issuance of a Business License to assure the activity is permitted on the property, per the zoning, and overlay districts, if applicable.
- If an on-site sewage disposal system and/or well are proposed, a valid permit for such facilities must be obtained from the VA Department of Health before application for a Zoning Permit may be submitted.
- Other permits might be required of the Health Department, if food preparation is involved, etc.

**Application is hereby made for a Zoning Permit in accordance with the information and for the purpose hereinafter set forth:**

Applicant Name: \_\_\_\_\_

If a corporation, LLC or other entity, name and full contact for Registered Agent and authorized agent \_\_\_\_\_

\_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_

Builder or Contractor Name: \_\_\_\_\_

Builder or Contractor Address: \_\_\_\_\_

\_\_\_\_\_

Existing Land Use: \_\_\_\_\_

Proposed Land Use: an exact and full description of what will be done at this site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the above land use / activity specifically cited in the Zoning Ordinance as a By-Right or a Special Use; please specify: \_\_\_\_\_

Proposed Building Use: \_\_\_\_\_

New Building \_\_\_\_\_ Modification/Change/Renovation, change in use \_\_\_\_\_ Addition \_\_\_\_\_

Legal Description of Property (from Real Property ID Maps):

Lot or Parcel # \_\_\_\_\_

Location: N S E W side of Route Number, Street \_\_\_\_\_

Site Address (E-911 Address): \_\_\_\_\_

Subdivision Name (If Named): \_\_\_\_\_

HDID: (Health Department ID) \_\_\_\_\_ Reserve Sewage Disposal Area? Y / N

Water Supply: Well \_\_\_\_\_ Public System \_\_\_\_\_ Private System \_\_\_\_\_

Sewage Disposal: Septic Tank \_\_\_\_\_ Central System \_\_\_\_\_ Bedrooms: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Number of Stories \_\_\_\_\_

Bldg. Width \_\_\_\_\_ Number of Off Street Parking Spaces: \_\_\_\_\_ Number Parking Spaces on site \_\_\_\_\_

Bldg. Depth: \_\_\_\_\_ A. Enclosed \_\_\_\_\_

Bldg. Height: \_\_\_\_\_ B. Outdoors \_\_\_\_\_

Width of Lot or Parcel at Setback Line: \_\_\_\_\_

Required Setbacks/Yard Dimensions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

Proposed Setbacks/Yard Dimensions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

If non-residential, describe in detail: \_\_\_\_\_

Attach a Survey, Sketch, Plot Plan, Building Plans and/or other suitable drawing(s) showing Dimensions and shape of Lot or Parcel, Location and Dimensions of Buildings or Alterations, Location of Utilities and Easements, and Location of Off-Street Parking. If applicable to proposed work, attach copies of VDOT Land Use (Entrance) Permit, VDH Permit (well/sewage disposal) or Public (Town) water/sewer connection authorization.

Town Port Royal Water/Sewer Ordinance compliance \_\_\_\_\_

**Applicant Certification**

I hereby certify that I have the authority to submit this application, the information provided is correct to the best of my knowledge and construction will conform to the regulations of the Town Port Royal Zoning Ordinance based upon the description of proposed work of this application.

I hereby agree to allow the duly authorized representatives of Town Port Royal and any regulatory or advisory agency contacted by Town Port Royal to assist with the review of this application to enter the property associated with this application for the purposes of application review, inspection and regulatory compliance.

Signature of applicant or authorized agent: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: This permit shall expire if the work described in this application has not started within one (1) year or been substantially completed within two and one-half (2½) years of the date of permit approval.

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To Be Completed By Zoning Administrator

Zoning Permit:

Approved under provisions of Article \_\_\_\_ Sec. \_\_\_\_ Paragraph \_\_\_\_

Zoning Ordinance Adopted \_\_\_\_\_

Administrator \_\_\_\_\_

Date \_\_\_\_\_

Rejected under provisions of Article \_\_\_\_ Sec. \_\_\_\_ Paragraph \_\_\_\_

Zoning Ordinance Adopted \_\_\_\_\_

Administrator \_\_\_\_\_

Date \_\_\_\_\_