



COMMONWEALTH OF VIRGINIA
COUNTY OF CUMBERLAND
Zoning Permit Application

Tax Map Number: _____ **Zoned:** _____ **Acreage:** _____

*****A Plat/Scaled Drawing must be attached to ALL Zoning Permit Applications *****

A Zoning Permit must be issued before starting construction or locating any structures. Application is hereby made for a ZONING PERMIT in accordance with the description, use and purposes hereinafter set forth. This application is made subject to all local and State laws and ordinances, which are hereby agreed to by the undersigned, and which shall be deemed a condition entering into the exercise of this permit.

NOTE: This permit does not provide any assurance with respect to the actual location of property lines, and the permit applicant is responsible for establishing the true location of any such property lines prior to construction or locating any structures on the property.

Subject Property Address: _____ _____	Name and Address of Owner: _____ _____
Applicant Contact Information: Name: _____ Phone: _____ Email: _____	Phone: _____ Email: _____

Describe all existing and proposed structures and use thereof:
All existing structures: _____
Proposed: _____

Water-Sewerage Requirements: Well County Water Septic Tank County Sewer

I hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, and electric installation that may result from excavation or development.
I certify that construction or modification of the subject building or structure will conform to the Building Code, Zoning Code, and any applicable conditions of approval pertaining to the subject property.
I certify that I have the authority to make the foregoing application, and that the statements made and the information given is correct.

Print Name Signature Date

Internal Use only

Shrink swell soils? No Yes (Med High
Does the development require E & S? Yes No **Is development in a DBIZ?** Yes No
VSMP? Yes No

Setback Requirements: Front: _____ ft. from the centerline of roadway. Side: _____ ft. Rear: _____ ft. Accessory Building Setback: _____ ft.

Application is: Approved Rejected Conditional Use Permit

Zoning Administrator Date

Department of Planning & Zoning - P.O. Box 110, Cumberland, VA 23040 - P: (804) 492-3520 F: (804) 492-9224

Receipt# _____