

Zoning Permit # _____

Zoning District _____

Magisterial District _____

804-443-4951
www.essex-virginia.org

Zoning Permit
Essex County, VA

P.O. Box 1079
Tappahannock, VA 22560

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. 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.

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

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____

Builder or Contractor Name: _____

Builder or Contractor Address: _____

Existing Land Use: _____

Proposed Land Use: _____

Proposed Building Use: _____

New Building _____ Modification/Change in use _____ Addition _____

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

Lot or Parcel # _____

Location: N S E W side of Route No. _____

Site Address (E-911 Address): _____

Subdivision Name (If Named): _____

HDID: _____ 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 Sources:

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.

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 Zoning Ordinance based upon the description of proposed work of this application.

I hereby agree to allow the duly authorized representatives of Essex County and any regulatory or advisory agency contacted by Essex County 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.

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 _____