APPLICATION FOR ZONING PERMIT
New Market, Virginia

(1) Owners Name _____ (2) Date _____

(3) Mailing Address _____

(4) Telephone _____ (5) Tax Map Designation _____

(6) If purchased in last two years, give previous owners name _____

(7) Location of Property _____

(8) Size of Parcel _____ (9) Zoned _____

(10) The purpose of this permit: ( ) Building ( ) Enlarge ( ) Remodel ( ) Other

_____

(Give brief description of structure or of building activity)

(11) Use of Structure _____

(12) Size of Structure _____ (13) Number of Other Dwellings on Parcel _____

(14) Number of Other Structures on Parcel _____

(15) Building Setbacks: Front _____ Side _____ Side _____ Rear _____

Draw Site Plan Below or Attach a Copy of the Site Plan to the Application

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature of Applicant _____ Date _____

Authorized Agent _____ Date _____

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OFFICE USE ONLY

Approved _____ Disapproved _____

Zoning Administrator _____ Date _____

Delinquent Real Estate Taxes Owed: Yes _____ No _____ Verified By: _____

Comments _____

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