Other Information Required/Comments

_____

OFFICE USE ONLY

Application No. _____
Date Submitted _____
HD/MCHS/VMRC Permit _____
Map ID _____
Zoning District _____
Approved by: _____
Date: _____
Existing File: _____

Amt:_____ Date_____ Ck #_____

☐ **YOU MUST CONTACT THE PLANNING & ZONING OFFICE FOR SETBACK VERIFICTION ONCE FOOTING IS FLAGGED/STAKED**

_____(signature of applicant/agent)

ZONING PERMIT APPLICATION

PLEASE PRINT OR TYPE:

1. Name of Applicant: _____
   Mailing Address: _____
   _____
   Phone Number: _____
2. Name of Property Owner(s): _____
   Mailing Address: _____
   911 Address: _____
   Phone Number: _____
3. Acreage: _____Current use of the property: _____
   Proposed use/type of project: _____
   _____
4. Building height in feet: _____ Number of houses on lot: _____

COMMERCIAL USE REQUEST – INVALID IF BUSINESS MOVES TO DIFFERENT PROPERTY

5. Trade name of business or industry: _____ Business phone: _____
6. Describe in detail the type of business operation, number of employees, hours of operation, machinery involved, etc. _____
   _____
   _____
7. Signs ? _____ Sizes ? _____
8. Number of parking spaces or loading berths (minimum 2) _____
9. Is business to be conducted from your home? Yes _____ No _____
10. Will additions be made to the existing structure for the business: Yes _____ No _____
11. Will excessive noise, smoke, odor, or traffic be created: Yes _____ No _____

A HEALTH PERMIT MUST BE ATTACHED IF APPLICABLE

I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge. I understand this permit is invalid if necessary approvals from Federal, State, and Local agencies are not also obtained. I understand approval of this permit is valid for 1 year and shall expire if not incorporated into a building permit within 1 year.

_____ _____

Date **Applicant Signature**

NOTE: Zoning Ordinance allows 30 days for consideration of this permit

FEE: $25.00 **Make check payable to TREASURER, COUNTY OF MATHEWS**
$15.00 - 911 Plate (New Construction)

Mail To: **COUNTY OF MATHEWS, DEPARTMENT OF PLANNING AND ZONING, PO BOX 839, MATHEWS, VA 23109**
(804)725-4034