Print Form

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

MATHEWS COUNTY, VIRGINIA
APPLICATION FOR ZONING PERMIT

APPLICATION NO._____

PLOT PLAN MUST BE DRAWN TO SCALE	Show the following: -Dimensions and shape of parcel(s) -Existing primary & accessory buildings -Proposed new construction or alterations showing front, rear, & side yard setback lines

INDICATE LOCATION OF PROPERTY TO STATE HIGHWAY, ALL RIGHT-OF-WAYS AND TO WETLANDS/WATER

Setbacks from property line in feet

NOTICE It is the responsibility of the applicant to establish the location of the front, side, and rear property lines. Such property lines should be identified prior to calling for a footing inspection. It is the applicant's responsibility to complete the plot plan.

Date_____
SIDE YARDS_____
REAR YARD_____
FRONT YARD_____

Applicants Signature INVALID IF NOT SIGNED

PARCEL SURVEY OR SKETCH MUST BE ATTACHED TO ZONING PERMIT APPLICATION