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.

Name and Address of Applicant:	**Name and Address of Property Owner:**
_____	_____
_____	_____
_____	_____
Phone:_____	**Phone:**_____
Email:_____	**Email:**_____

Describe all existing and proposed structures and use thereof:

All existing structures: _____

Proposed: _____

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

NOTE: Permit for a septic tank/well & approval of location of same is obtained from the State Board of Health prior to the issuing of this permit

I hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains and electric installation which may result from excavation or development.

I hereby certify that I have the authority to make the foregoing application, that the statements made and information given is correct and the construction of any building or the location of any structure of the tract or lot which is the subject of this application will conform with the regulations in the Building Code, Zoning Ordinance, proffers or conditions on the property, and private building restrictions, if any, which may be imposed.

_____ _____ _____

Print Name of Applicant *Signature* of Applicant Date

Internal Use only

Is development in a DBIZ? Yes ☐ No ☐

Does the development require E & S? 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) 492-3697

Receipt # _____ Collect with Building Fees ☐