

TOWN OF WEST POINT COMMUNITY DEVELOPMENT DEPARTMENT P.O. BOX 152 802 MAIN STREET

WEST POINT, VA 23181

(804) 843-3563 – phone (804) 843-4364 - fax www.west-point.va.us

ZONING PERMIT APPLICATION

Date Submitted:		Permit #
AF	PLICANT	INFORMATION
Full Name of Property/Structu		
Mailing Address of Owner		
City,	State, Zip	
Phone Number/Home/	Work/Cell	
Fax Number		
E-Mail Address		
Name of Applicant if Different from Proper	ty Owner	à .
PROF	PERTY/SI	TE INFORMATION
Physical Address (If Known	1)	
General Location (Lot #, Subdivision, Stree	t)	
State the specific construction or im	provemen	ts for which the Zoning Permit is hereby requested.
	ENERAL	INFORMATION
Zoning District		
Tax Parcel Identification Number(s)		
Overlay District(s)		

Is the Lot Recorde	ed?	□ Ye	S	□ N	0	
Date Lot Record	ded					
Date Lot Surveyed (if applicab	ole)					
Instrument Numb						
Deed Book/Page Num						
Is the Lot a Corner L		□ Ye	S	□ N	0	
Does the Owner of the Property Own any Adjac		□ Ye	S	□ N	0	
Lo	ts?					
For construction of a new building, including		ıbmit	ted fo	r Aj	proval	Required by Code
additions, accessory structures, and fences						
greater than four (4) feet in height:						
Lot Area (Sq. Ft.)						
Lot Width (Feet)						
Total Lot Coverage by Structures (Percentage %)						
Front Yard Setback (Feet)						
Rear Yard Setback (Feet)						
Side Yard Setback (Feet)						
Side Yard Setback (Feet)						
Height of Structure from ground level to						
mid-point of peak (Feet)						Э.
Width of Structure (Feet)						
Length (Depth) of Structure (Feet)						
Approximate Land Disturbance (Sq. Ft.)						
Public Water Service Available	$\Box Y$	es	\square No	0	□ Other _	
Public Sewer Service Available	$\Box Y$	es	\square No	О	□ Other _	
New or Additional Driveway Entrance Required	$\Box Y$	es		О	□ Other _	
For a Change in Use to an Existing Structure						
or Property						
Current Use:		honod	Llaa			
Current cool	110]	Proposed Use:				
Provide details about type of business, machinery in	ivolv	ed, ho	urs of	ope	ration, and n	o. of employees, etc.:

Attach a survey or plat showing the following:

(Note: construction of a primary building on any site will require a survey performed by a license professional)

- 1. The dimensions and shape of parcel(s) to be built upon including the location of existing public and private streets;
- 2. The location and dimensions of existing primary and secondary buildings;
- 3. The location and dimensions of proposed structures, accessory buildings, or additions/alterations;*
- 4. Proposed front, rear, and side yard set back lines for all existing and proposed building or additions;
- * Where applicable and depending on the type of facilities proposed, applicants will need to show the location of (1) existing public water and sewer facilities, including the point of connection to those facilities, or (2) proposed well and septic facilities, including the dimensions of primary and reserve drainfields.

				Date
Owner's Signature				Date
	DO NOT WRITE IN THI	S SPAC	E – OFFICE USE	ONLY
ZONING DISTRIC	T ASSIGNED	ADDRES	SS:	
REQUIRED YARD	(S): FRONT SI	DE	REAR	
CONFORMING:	LOT(S):	YES	NO	
	EXISTING BUILDING:		NO	
	PROPOSED BUILDING:	YES	NO	
	EXISTING USE:	YES	NO	
IS PROPOSED DEV	PROPOSED USE: VELOPMENT LOCATED WIT		NO CRPA? RPA	RMA
	VELOTWENT LOCATED WIT			
APPROVED/DENII	ED BY DIRECTOR OF COMM	1UNITY	DEVELOPMEN	T

months from the date of its approval, the use, activity or feature authorized by such zoning permit has not been established.

where no building permit or certificate of occupancy is required by applicable law, a zoning permit shall become null and void if, within 12