

Fee: _____

Date Paid: _____

Town of Berryville, Virginia

Nº _____

ZONING PERMIT

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APPLICANT NAME: _____ PHONE: _____

COMPANY NAME, IF ANY: _____ CELL PHONE: _____

MAILING ADDRESS: _____ EMAIL: _____

PROPERTY ADDRESS AND/OR LOT NUMBER: _____

PROPERTY OWNER'S NAME(S): _____

PURPOSE OF PERMIT: () BUILD () REMODEL () BUS. LICENSE () OTHER _____

SIZE OF STRUCTURE: _____ CONTRACTOR: _____

PROPOSED USE OF STRUCTURE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

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DESCRIPTION OF STRUCTURE AND/OR USE: _____

TAX MAP #: _____ ZONING: _____ HISTORIC DISTRICT: Y () N ()

MINIMUM REQUIRED SETBACKS: FRONT _____ SIDE _____ REAR _____

SETBACKS PROVIDED: FRONT _____ SIDES (L) _____ (R) _____ REAR _____

SITE PLAN/GRADING PLAN: _____ WATER/SEWER TAPS: _____

FLOODPLAIN: Y () N () EASEMENTS: _____

CONDITIONS: _____

ZONING PERMIT IS HEREBY [] GRANTED [] DENIED FOR THE STRUCTURES AND/OR USE DESCRIBED HEREIN.

ZONING ADMINISTRATOR: _____ DATE: _____