



# THE TOWN OF COLONIAL BEACH, VIRGINIA

## DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

315 Douglas Avenue, Colonial Beach, VA 22443  
 Phone: (804) 224-7506 Fax: (804) 224-1318  
 www.colonialbeachva.net

### ZONING APPLICATION FOR COMPLIANCE/ FIXTURE REMOVAL

Application Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Deposit	Type:	Amount: \$	DH#:
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Zoning application is hereby made for a Site Plan Review in accordance with the description and for the purpose set forth herein. This application is made subject to all Town and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

**ALL APPLICABLE INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. (Please Print)**

<b>PLEASE CHECK PERMIT TYPE(S)</b>	<input type="checkbox"/> Zoning	<input type="checkbox"/> Building
<b>Check all that apply</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Fixture Removal	<input type="checkbox"/> Business Compliance
		<input type="checkbox"/> Building Compliance
<input type="checkbox"/> Other: _____		

<b>Owner Information</b>	Name _____	Daytime Telephone No. _____
	Mailing Address _____	
	E-mail Address _____	
	Fax Number _____	Cell Number _____

<b>Builder/ Applicant</b>	Name _____	Telephone No. _____
<input type="checkbox"/> Same as owner	Mailing Address _____	
	E-mail Address _____	
	Fax Number _____	

<b>Property Information</b>	Address / Directions _____		
	Tax Map ID # _____	Area (in acres & sq. ft.) _____	
	Current Deed Book/Page # _____	Lot # _____	Block _____ Section _____
	Existing Use of Property _____		
	Existing Structures on Property _____		
	Existing Structures to be removed _____		

**Applicant Certification**

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state and town laws, ordinances and regulations with regard to zoning, health and building. Failure to do so shall automatically render this permit invalid. I understand that construction requires a building permit issued by the Building Official. I understand that construction must commence within six (6) months of the issuance of this permit or the permit is rendered void. I agree to notify the Department of Community Development within ten (10) days of completion of the work so that an inspection may be made and a Certificate of Occupancy and Zoning Compliance may be issued. I further understand that the land may not be used or occupied, and buildings structurally altered or erected may not be used or changed in use, until the Certificate of Occupancy is issued. I further permit Town officials or any other governmental agency representatives to enter the property to ensure that the property is being constructed in compliance with all governmental regulations; local, state and federal and that any proffered conditions have been and continue to be implemented.

Revocation of Permit: The code official may revoke a permit or approval issued under the provisions of the USBC in case of any false statement, misrepresentation of fact or incorrect information supplied by the applicant in the application of construction documents on which the permit or approval was based.

The construction will conform to the regulations in the Building Code, Zoning Ordinances and private building restrictions. I hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, water mains and electric installations which may result.

\_\_\_\_\_ **Date** **Owner or Applicant Signature** **Please Print name**

↓ **STAFF USE ONLY** ↓

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_  Cash

**APPROVED**

**DENIED; Reason** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Building Official or Designee's Signature

\_\_\_\_\_ Date