



# 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 SITE PLAN REVIEW

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

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

Deposit	Type:	Amount: \$	DH#:
---------	-------	------------	------

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>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 _____		

