



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 ADDENDUM/RENEWAL

Application Date: _____ Original Permit Number: _____

Deposit	Type:	Amount: \$	DH#:
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Zoning application is hereby made for a Permit Addendum or Renewal 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)

PLEASE CHECK PERMIT TYPE/ TYPES <input type="checkbox"/> Zoning <input type="checkbox"/> Building	
Check all that apply	<input type="checkbox"/> Addendum
<input type="checkbox"/> Residential	<input type="checkbox"/> Renewal
<input type="checkbox"/> Commercial	

Owner Information	Name _____		Daytime Telephone No. _____
	Mailing Address _____		

	E-mail Address _____	Fax Number _____	Cell Number _____

Builder/ Applicant	Name _____		Telephone No. _____
	<input type="checkbox"/> Same as owner	Mailing Address _____	

	E-mail Address _____	Fax Number _____	

Property Information	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 _____		

Nature of Addendum – Submit Plans as specified by the Code Official and/or Zoning Administrator:

Will footprint of structure change? If yes, by how much? _____ **Enlargement / Reduction**
 (circle one)

Additional Trades/Facilities (HVAC, Plumbing, Electrical, etc. – please list): _____

Other change(s)? Please explain: _____

Mechanic Lien Agent

None Designated

 Name Telephone No.

 Mailing Address

General Contractor /Subcontractor Information	State Contractor's License No. & Class	State Tradesman Certification No.	Colonial Beach Business License No.

I certify that all licenses and certifications required by the State of Virginia and the Town of Colonial Beach are current at the time of application. Please notify this office immediately of any changes to the above-noted subcontractors. A complete list of subcontractors will be submitted prior to 1st inspection.

 Print Name Contractor Signature Date

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

NOTE: THIS PAGE FOR OFFICE USE ONLY

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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REQUIRED SIGNATURES

Gen. Zoning Fees	
Plan Review (Site)	
911 Address Fee	
Land Disturbing (E&S)	
Addendum/Renewal	
Other	
TOTAL ZONING FEES	

Property Zoned as:				
Rezoning / Special Exception #			Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	
Height Requirements				
Principal Structure	Proposed:		Maximum permitted:	
Accessory Structure	Proposed:		Maximum permitted:	
Census Tract:				
Flood Hazard District <input type="checkbox"/> Yes <input type="checkbox"/> No F.I.R.M No.				
Setbacks: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corner Lot				
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Comments:				

Plan Review (Bld.)	
New SFD	
Garage	
Carport	
Shed	
Deck/Patio	
Porch/Stoop	
Ramp	
Foundation	
Demolition	
Electrical	
Mechanical	
Plumbing	
Tank/Line	
Fireplace/Chimney	
Generator	
Alarm	
Fire Suppression	
Hood	
Amusements	
Tent	
Addendum	
Other	
Building Subtotal	
2% State Levy	
TOTAL BUILDING FEES	

Zoning Administrator	Date
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Tree Replantings:				
Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA				
RLD			RLD No.:	
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Bond Amount: \$	
Comments:				

Environmental Planner	Date
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Comments:				

TOTAL FEES (Zoning + Building)	
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Building Official	Date
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