



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

Application Date: _____ Permit Number: _____

Type: _____	Amount: \$ _____
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Zoning application is hereby made for a New Principal Structure or Renovation/Addition to Principal Structure Permit 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(S)				
Check all that apply	<input type="checkbox"/> New SFD	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Electric	<input type="checkbox"/> Land Disturbance
<input type="checkbox"/> Residential	<input type="checkbox"/> Renovation	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Addendum/Renewal	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	<input type="checkbox"/> Acc. Structure	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other: _____

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

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

PLEASE FILL IN ALL AREAS RELEVANT TO THE PERMIT BEING REQUESTED

Building Use			
Water / Sewer	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Overall Height of Structure

Garage	<input type="checkbox"/> Detached	<input type="checkbox"/> Attached	Length	Width	Sq. ft.	Height
Porch/Stoop	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Deck/Patio	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Ramp	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	Length	Width	Sq. ft.	Height
Shed	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length	Width	Sq. ft.	Height
Carport	<input type="checkbox"/> Framed	<input type="checkbox"/> Pre-Manufactured	Length	Width	Sq. ft.	Height

Electrical	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Temporary	<input type="checkbox"/> Disconnect	Amps:	
Mechanical	Heat Type:		Fuel Type:			<input type="checkbox"/> Replacement	<input type="checkbox"/> Hood
Plumbing	# Full Bath(s):		# Half Bath(s):			<input type="checkbox"/> Replace lines	<input type="checkbox"/> Repairs
Fireplace	<input type="checkbox"/> Wood	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Wood Stove			
Chimney	<input type="checkbox"/> Manufactured		<input type="checkbox"/> Masonry	<input type="checkbox"/> Other (specify):			
Water Heater	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Replacement	
Tank / Gas lines	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Above ground	<input type="checkbox"/> Underground			
Generator	Type		Fuel Source			<input type="checkbox"/> Permanent	<input type="checkbox"/> Portable

Landscaping	Total Trees Removed:
	# of trees to be replanted:

Description of Work (Required):	
Estimated Cost of Work to be Performed (Required):	\$

CHESAPEAKE BAY PRESERVATION OVERLAY DISTRICT

Environmental Information	Square Feet of Lot	Square feet of structure to be built (length X width)
Square feet of structures/uses (to be built or existing)		
Principal Structure (footprint) square feet:		
Porches, Decks, Stoops:		
Driveway & Sidewalk/Patio:		
Garage/Carport/Shed:		
Pool:		
Other Impervious Surface Square Feet:		
Total Square footage of all above impervious surfaces:		
Impervious Surface Ratio (%):		

(↑This chart must be filled in – do not reference “See site plan”)

Other Information or notes to be provided here:

Note: This Page is for office use only

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

Gen. Zoning Fees	
Plan Review (Site)	
911 Address Fee	
Land Disturbing (E&S)	
Addendum/Renewal	
Other	
TOTAL	
Bonds Required:	
E&S	
Driveway	

REQUIRED SIGNATURES				
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:		
Flood Hazard District <input type="checkbox"/> Yes <input type="checkbox"/> No F.I.R.M No.				
Parking Required <input type="checkbox"/> Yes <input type="checkbox"/> No How many spaces? _____				
Setbacks: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corner Lot				
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Chesapeake Bay District: <input type="checkbox"/> RMA <input type="checkbox"/> RPA				
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Bond Amount: \$				
Comments:				

Zoning Administrator

Date