

MAYOR
Robin Schick

TOWN COUNCIL
Mike Cabrey- Vice Mayor
Tom Moncure
Caryn Self-Sullivan
Pat Ey
Vicki Roberson
Powell Duggan



TOWN OF COLONIAL BEACH
315 Douglas Ave.
Colonial Beach, Virginia 22443
(804) 224-7181 FAX (804) 224-7185

DEPUTY TOWN MANAGER
Rob Murphy

CHIEF FINANCIAL OFFICER
Lisa Okes

TOWN CLERK
Heather Oliver

NON-CONFORMING ZONING VERIFICATION

Date of Application: _____
 Owner Applicant or Agent:

Name **Daytime Phone No.**

Mailing Address

E-mail Address **Fax Number**

Property Information:

Tax Map Number

Mailing Address

Zoning District **Size (acres & square feet)**

Describe the reason for this request in the space provided or on a separate sheet including the following:

For non-conforming uses – Provide dates that uses began and where they occur on the property
For non-conforming structures – provide dates that the structure was built
For nonconforming lots – provide date lot was initially created (recorded date of subdivision)



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. I further permit Town officials or any other governmental agency representatives to enter the property to ensure that the property is being used in compliance with all governmental regulations; local, state and federal and that any proffered conditions have been and continue to be implemented. I further understand that if the use is discontinued or structure is razed or altered there is only a two (2) year time limit to re-establish the use or structure. Failure to re-establish shall result in the loss of the non-conforming status.

_____ **Date**

_____ **Owner, Applicant or Agent Signature**

_____ **Please Print Name**

Do Not Write Below This Line

BUILDING/ZONING/LAND DISTURBING - ROUTING SLIP

1. ZONING

Non-conforming Request: _____

Comments/Conditions/Findings _____

Application Fee \$ _____

Approved - Disapproved: _____
Zoning Administrator

Date