ZONING PERMIT

TLZP- -

25 West Market Street Leesburg, VA 20176
(703) 771-2765 * FAX (703) 771-2724 * www.leesburgva.gov/planning

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a zoning permit for the activity described below and as shown on any attached plans or specifications, that the information provided is correct and that any construction/use will conform to the regulations of the *Zoning Ordinance* and other codes of the Town of Leesburg and the Commonwealth of Virginia, as applicable. Additionally, one set of plans (no larger than 11"x17") must be submitted in accordance with §3.7.3 (Application Submittal).

This permit authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to determine compliance with the conditions applicable to this permit. Further, I understand that **any** deviation from the application as requested shall require the express written approval of the Zoning Administrator.

PURPOSE OF THIS PERMIT: ______________________________

TYPE OF CONSTRUCTION: NEW / INITIAL ☐ ADDITION ☐ INTERIOR ALTERATION ☐ DEMOLITION ☐ OPEN DECK ☐ OTHER ☐

USE TYPE: RESIDENTIAL TYPE: ______________________________

NON-RESIDENTIAL: ______________________________

PROPERTY INFORMATION: As a precaution, please verify the proposed use/structure sought with this permit conforms to private Homeowners' Association Regulations.

ADDRESS: ______________________________

SUBDIVISION:_ ____________________ **SECT#:** __________ **LOT#:**_ __________

MCPI#: ____________________ **TOL PROPERTY TAXES PAID:** __________

ZONING DISTRICT: __________ / __________ **BAR CASE**: TLHP- ____________________

SQ. FT. OF PROPOSED CONSTRUCTION: __________ **DEVELOPMENT PLAN #**: ____________________
(if applicable)

DISTRICT MINIMUM SETBACKS

FRONT SETBACK ________ REAR SETBACK ________

SIDE #1 SETBACK ________ SIDE #2 SETBACK ________

MAX.HEIGHT ________

PROPOSED SETBACKS

FRONT SETBACK ________ REAR SETBACK ________

SIDE #1 SETBACK ________ SIDE #2 SETBACK ________

MAX. HEIGHT ________

Property Owner: ______________________________ ____________________
name (please print) telephone number (daytime)

____
address zip code

____
email

Contractor / Applicant: ______________________________ ____________________
name (please print) telephone number (daytime)

____
address zip code

____
email

SIGNATURE ______________________________ **DATE:** ____________________

DEPARTMENT USE ONLY -

CONDITIONS OF APPROVAL: ______________________________

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Proffers Paid: ______________________________

Zoning Permit Fee: $ ____________________ **Public Facilities Permit # :** ______________________________

______________________________ ____________________
Signature of Zoning Administrator or Designee **DATE**

Revised 03/24/2016