Town of Keysville

Zoning Permit Application

FEE: $35.00

(Required with Application)

Note: Applicant must submit with this application two (2) drawings of the plot plan showing the lot dimensions, building location on the lot, building dimensions and building plans. (One copy will be retained by the Town, the other will be returned.)

ZONING PERMIT NUMBER:	DATE:

The undersigned hereby applies for a zoning permit for the construction, repair or improvement of a certain building or structure, located within the Town of Keysville, Virginia.

OWNER'S NAME	TELEPHONE:

ADDRESS:

SIZE & LOCATION OF LOT:

ZONING OF LOT:

APPLICATION FOR : New Construction _____, Improvement _____, Demolition, _____

Other _____

BUILDING WILL BE USED FOR:

CONTRACTOR'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

CONTRACT PRICE OR VALUE:

CONSTRUCTION: Exterior _____

Interior _____

Roofing _____ Heating _____

GENERAL FEATURES: # of Bathrooms _____, # of Rooms _____, # of Stories _____

Foundation Type _____, Floor Type _____, Porch No. _____

Size: _____ X _____ Square Feet _____

Garage / Carport: _____ X _____ Square Feet _____

I hereby certify that the above is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date:

Office use only – Please do not write below this line.

This application DOES _____ DOES NOT _____ meet all the requirements of the Keysville Zoning Ordinance.

APPROVED _____ NOT APPROVED _____

Comments:

ZONING ADMINISTRATOR SIGNATURE	DATE