

TOWN OF ELKTON ZONING PERMIT FOR RESIDENTIAL

ZP _____
This permit shall be posted in a conspicuous place

Application is hereby made for a Zoning Permit and Certificate of Zoning Compliance in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all local and state laws and ordinances, which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit.

Property owner

Name Phone Number

Address City State Zip

Applicant/Builder Owner Builder VA License exp date

Name Phone Number

Address City State Zip

Property Information

Tax Map/Parcel Number Zoning

Address

Existing Structures (Number & Type)

Water supply source? Sewage disposal source?

Municipal Private Well Cistern Municipal Septic Tank

Is public water and sewer available? Yes No

Type of Permit Requested Check all that apply!

<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Garage / carport <input type="checkbox"/> Multi-Family No. of Units <input type="text"/> <input type="checkbox"/> Single Family <input type="checkbox"/> Sign <input type="checkbox"/> Accessory Bldg. Size <input type="text"/>	<input type="checkbox"/> Other Specify _____ <input type="checkbox"/> re-roof <input type="checkbox"/> Special Exception Permit specify _____
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For the above: provide an Official Plat map including location on property where buildings/additions will be located also show locations of present buildings. Provide an elevation of building (front and one side)

Please provide brief description of this project :	Please print or type all information
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I 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, County and Town Laws, ordinances and regulations with regard to zoning, health and building. **Failure to do so will automatically render this permit invalid.**
- Two copies of a plot plan or (a signage plan for signs) must be submitted with this application.
- Construction requires a building permit issued by the Rockingham County Building Officials.
- I agree to give advanced notification to the Town when footer inspection is to be performed by County Inspectors
- I agree to give advanced notification to the Town when a final inspection is to be performed by County Inspectors
- A separate application must be made for Water & Sewer connections.
- All contractors must register with the Town prior to commencing work.
- I agree to repair any damages to sidewalks, streets, and utilities caused during construction.
- I agree to pay an inspection deposit and notify the Zoning Administrator within (10) days of completion of the work for an inspection and issuance of a Certificate Of Zoning compliance.
- Failure to do so may result in the forfeiture of the deposit, which in no way relieves me of any obligation to comply with all Town requirements.
- Land may not be used or occupied, and buildings structurally altered or erected be used or changed in use until the Certificate of Zoning Compliance is issued.

Date _____ Print Name _____

Signature _____

**** FOR TOWN USE ONLY ****

Lot and Zoning verification performed Sig _____ Date _____

Is Parcel in the flood plain? Yes No

Refer to Planning Commission Yes No Approved Yes NO sig _____ Date _____

Refer to Town Council Yes No Approved Yes NO sig _____ Date _____

Public Hearing Required Yes No Public Hearing Date _____

Requires Advertisement Yes No First Advertisement _____ Date _____
second advertisement _____ Date _____

Zoning Administrator Approved Fee paid _____
 Disapproved
 Approved with conditions

Signature (Zoning Administrator) _____ Date _____

INSPECTIONS PERFORMED

FOOTER INSPECTION PERFORMED BY: SIG _____ DATE _____

FINAL INSPECTION PERFORMED BY: SIG _____ DATE _____

CERTIFICATE OF ZONING COMPLIANCE

This building, its proposed use, or the use of the land, as described in the above application and permit, complies with the provisions of Chapter 110 (Land Development) of the CODE OF THE TOWN OF ELKTON AND ANY APPLICABLE CONDITIONS.

Signature (Zoning Administrator)

Date

*******REMEMBER*******

Issuance of this permit does not mean work can begin, Permits must be obtained from the Rockingham County Building Office and possibly depending on the scope of the work) the Virginia Department of Transportation (VDOT), the Virginia Department of Health (VDH), and / or the Department of Environmental Quality (DEQ). It is the responsibility of the owner/ applicant to check with these agencies to insure all permits are obtained before beginning work.