

BUILDING/ZONING PERMIT
DEPARTMENT OF PLANNING AND ZONING
TOWN OF FRONT ROYAL

Number

NUMBER _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

DESCRIPTION OF BUILDING OR ZONING ACTIVITY: _____

Existing New Addition Certificate of Compliance

SETBACK: FRONT _____ REAR _____ RIGHT _____ LEFT _____

SIDE STREET _____ ZONING: _____

LOCATION OF ACTIVITY: _____

NUMBER OF PARKING SPACES: _____ BUILDING HEIGHT: _____

DATE OF SURVEY: _____ SIZE OF BUILDING: _____

Signature of Applicant Date

Signature of Property Owner Date

By this signature, I affirm that the project will be completed as described.

To be completed by Zoning Staff

TAX MAP _____ SECTION _____ BLOCK _____ LOT _____ SUBDIVISION _____

APPLICATION FEE \$ _____

PERMITTED USE:

- By Right
- Special Use Permit
- BZA Variance
- Planning Commission Approval
- BAR Certificate of Appropriateness

CONNECTION FEES:

_____ " Water Tap Fee \$ _____

Estimated Installation Cost \$ _____

_____ " Sewer Tap Fee \$ _____

Estimated Installation Cost \$ _____

_____ " Fire Suppression Fee \$ _____

() Number of Water Closets

Water Closet Fee \$ _____

Electric Connection Fee \$ _____

TOTAL \$ _____

Zoning Approval Date

The right is reserved to inspect the building as often as may be necessary, and to require any change in construction authorized by the zoning ordinance.