

TOURISM ZONE APPLICATION

TOWN OF FRONT ROYAL ~102 East Main Street, Front Royal, Va. 22630 ~ 540-635-8007

APPLICANT

PROPERTY OWNER (if different)

APPLICANT'S NAME:	PROPERTY OWNER'S NAME:
ADDRESS:	OWNER'S ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
EMAIL:	EMAIL:

SECTION A - Property Information

Tax Map No. _____	Zoning District: _____
Site Address: _____	
Tourism Zone (check one): <input type="checkbox"/> Downtown Business <input type="checkbox"/> Entrance Corridor <input type="checkbox"/> Community Business	

SECTION B - Project Details

Project Name. _____

Describe the project, including a description of the proposed or expanded use.

What dollar amount of capital investment is proposed (\$25,000 minimum)? _____

How many jobs will be created (1 minimum)? _____

Please attach supporting documents with this application, including plats, plans, invoices, quotes, or other details that verifies the above information.

Signature of Applicant: _____ **Date:** _____

Name of Lot Owner (PRINTED): _____

Signature of Lot Owner: _____ **Date:** _____

By the submission of this application, permission is hereby granted to Town Officials and employees to enter upon the subject property during reasonable hours for purposes related to the review of this application. The Applicant will be the designated contact person for this permit application.