

350 George Washington Hwy.
P.O. Box 246
Charlotte Court House, VA 29323



Phone: 434-542-5781
Fax: 434-542-4561
Email: clerk@towncch.com

Town of Charlotte Court House Zoning Permit Application

Application Date: _____

Fee: \$35.00

PLEASE PRINT CLEARLY

Application is hereby made for a Zoning Permit in accordance with the description, use and purposes hereinafter set forth. This application and approval 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.

Owner's Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Applicant Name: _____ Phone Number: _____

(if other than owner)

Mailing Address: _____ Email: _____

Contractor Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Tax Map ID #: _____

Zoning District: _____

Historical Overlay District YES NO

(Property within a Historic Overlay District will require additional review.)

Location of Property: _____

(Including 911 address)

Water Supply: Existing Well Town/Public Water

Sewage Disposal: Existing Septic Tank New Septic Tank Health Dept. Number: _____

Description of Proposed Structures & Use: _____

Primary Building Accessory Building

Construction Type: Site Built Modular Manufactured

Other (Explain) _____

Size of Structures: Length _____ Width: _____ Height: _____ Square Feet: _____

List All Existing Structures on Property: _____

Sketch or attach a drawing showing proposed structure including length, width, height, and number of square feet, all roads, property lines & existing structures, showing distances to property lines & roads. (May attach separate sheet.)

I hereby certify that I have the authority to make the foregoing application, that the statements made and information given is correct and the construction of any building or the location of any structure on the tract or lot which is the subject of this application will conform to the regulations in the building code and zoning ordinance. I authorize Town Officials to go onto the property for inspections. The undersigned acknowledge that additional review requirements may be identified during the review of this application.

Incomplete applications will not be processed. The applicant will be notified of any deficiencies. Any revisions of the application that required replacement pages are the responsibility of the applicant. The Town's zoning ordinance, zoning map, and subdivision ordinance are available on the Town website at www.towncch.com or in the Town office. Any questions should be directed to the Town office.

Signature of Applicant: _____

Printed Name of Applicant: _____

For Town Use Only

Onsite Review by Town Official: _____
Name Date

Comments: _____

Check One: Approved Conditional Use Permit Required Denied

Comments: _____

Zoning Administrator

Date