

# ZP

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**\*\*This permit shall be posted in a conspicuous place\*\***

PREVIOUS EDITIONS OF THE  
FORM ARE OBSOLETE

FORM REVISED:  
28 April 2008



## Town of Bowling Green Zoning Permit Application

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.

### Owner

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Mailing Address

### Applicant/Builder

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Telephone Number

Same as owner

\_\_\_\_\_  
Mailing Address

### Property Information

\_\_\_\_\_  
Tax Map/Parcel Number

\_\_\_\_\_  
Existing Use/Zoning

\_\_\_\_\_  
Address/Location (use street names)

\_\_\_\_\_  
Existing Structures (number and type)

**Type of Permit**

Please check appropriate box(s)

**Residential**

**Commercial**

Single Family

Alteration

Multi-Family No. of units \_\_\_\_\_

Reroof

Addition Specify \_\_\_\_\_

Remodeling

Accessory Building Less Than 100 Feet Specify \_\_\_\_\_

Accessory Building More Than 100 Feet Specify \_\_\_\_\_

Commercial/Industrial Structure

Verification of Non-Conforming Use

Sign Permit 30 FT or Less Specify \_\_\_\_\_

Sign Permit More Than 30 FT Specify \_\_\_\_\_

Zoning Certification Letter

Modification/Variance Specify \_\_\_\_\_

Special Use Permit (*Property Owner Notification Required*) Specify \_\_\_\_\_

Administrative Appeal Specify \_\_\_\_\_

Other Specify \_\_\_\_\_

**Water and Sewer**

What is your water supply source?

What is your sewage disposal source?

**Municipal**

**Private Well**

**Municipal**

**Septic Tank**

**Certification by Owner/Applicant**

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. I understand that two copies of a plot plan (or a plan for signs) must be submitted with this application, that construction requires a building permit Issued by the Caroline County Building Official, that a separate application must be made for water & sewer connections, and that all contractors must register with the Town prior to commencing work. I agree to repair any damages to sidewalks, streets, and utilities caused during this construction. I agree to pay an inspection deposit and notify the Zoning Administrator within ten (10) days of completion of the work for an inspection and issuance of Certificate of Zoning Compliance. Failure to do so may result in the forfeiture of the inspection deposit which in no way relieves me of any obligation to comply with all Town requirements. Land may be used or occupied, and buildings structurally altered or erected may be used or changed in use, only after the Certificate of Zoning Compliance is issued.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Applicant Signature

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

Refer to Planning Commission

Yes

No

Recommend Approval

Recommend Disapproval Date \_\_\_\_\_

Refer to Town Council

Yes

No

Approved

Disapproved

Date \_\_\_\_\_

Refer to Director of Public Works

Yes

No

Recommend Approval

Recommend Disapproval Date \_\_\_\_\_

Zoning Administrator

Approved

Disapproved

Approved with Conditions (See Attached)

Fee Paid \$ \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Signature

\_\_\_\_\_  
Date

**CERTIFICATE OF ZONING COMPLIANCE**

The building, its proposed use, or the use of the land, as described in the above application and permit complies with the provisions of Chapter 126 (Zoning) of the Code of the Town of Bowling Green and any applicable conditions.

\_\_\_\_\_  
Zoning Administrator Signature

\_\_\_\_\_  
Date

**REMINDER!!**

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

## ADJACENT PROPERTY OWNERS

The following are all of the individuals, firms, or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the property for which a Special Use Permit is requested. **All adjacent property owner information is required to be accurate and complete before the application can be accepted.**

**NAME**

**STREET ADDRESS**

1) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

2) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

3) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

4) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

5) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

6) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

7) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

8) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

9) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

10) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

11) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

12) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

13) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

14) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

15) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_