ZP

PREVIOUS EDITIONS OF THE

FORM ARE OBSOLETE

FORM REVISED: 28 April 2008



This permit shall be posted in a conspicuous place

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.

<u>)wner</u>				
	Name	Daytime Telephone Number		
	Mailing Address			
pplicant/Builder				
	Name	Daytime Telephone Number		
Same as owne	er			

Mailing Address

Property Info	rmation	
	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 (<i>Property Owner Notification Required</i>) 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 Disapprova	al Date		
Refer to Town Council		Yes			Νο
Approved		Disapproved	Date		
Refer to Director of Public Works		Yes			Νο
Recommend Approval		Recommend Disapprova	al Date		
Zoning Administrator		Approved			Disapproved
Approved with Conditions (See Attached)			Fee Paid \$		
Zoning Administrator Signature			Date		
CERT	IFICATE	OF ZONING COMP	PLIANCE		
The building, its proposed use, or the use	of the land, a	as described in the above ap	plication and pe	ermit complie	s with the

provisions of Chapter 126 (Zoning) of the <u>Code of the Town of Bowling Green</u> 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.

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:					

ADJACENT PROPERTY OWNERS