



TOWN OF WEST POINT  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 P.O. BOX 152  
 329 6<sup>th</sup> STREET  
 WEST POINT, VA 23181  
 (804) 843-3563 – phone      (804) 843-4364 - fax  
 www.west-point.va.us

**ZONING PERMIT APPLICATION**

Date Submitted: \_\_\_\_\_

Permit # \_\_\_\_\_

<b>APPLICANT INFORMATION</b>	
Full Name of Property/Structure Owner	
Mailing Address of Owner	
City, State, Zip	
Phone Number/Home/Work/Cell	
Fax Number	
E-Mail Address	
Name of Applicant if Different from Property Owner	

<b>PROPERTY/SITE INFORMATION</b>	
Physical Address (If Known)	
General Location (Lot #, Subdivision, Street)	

<b>State the specific construction or improvements for which the Zoning Permit is hereby requested.</b>

<b>GENERAL INFORMATION</b>	
Zoning District	
Tax Parcel Identification Number(s)	
Overlay District(s)	

Is the Lot Recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Lot Recorded	
Date Lot Surveyed (if applicable)	
Instrument Number	
Deed Book/Page Number	
Is the Lot a Corner Lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Owner of the Property Own any Adjacent Lots?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For construction of a new building, including additions, accessory structures, and fences greater than four (4) feet in height:	Submitted for Approval	Required by Code
Lot Area (Sq. Ft.)		
Lot Width (Feet)		
Total Lot Coverage by Structures (Percentage %)		
Front Yard Setback (Feet)		
Rear Yard Setback (Feet)		
Side Yard Setback (Feet)		
Side Yard Setback (Feet)		
Height of Structure from ground level to mid-point of peak (Feet)		
Width of Structure (Feet)		
Length (Depth) of Structure (Feet)		
Approximate Land Disturbance (Sq. Ft.)		
Public Water Service Available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	
Public Sewer Service Available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	
New or Additional Driveway Entrance Required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	
For a Change in Use to an Existing Structure or Property		
Current Use: _____	Proposed Use: _____	

Provide details about type of business, machinery involved, hours of operation, and no. of employees, etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach a survey or plat showing the following:**

*(Note: construction of a primary building on any site will require a survey performed by a license professional)*

1. The dimensions and shape of parcel(s) to be built upon including the location of existing public and private streets;
2. The location and dimensions of existing primary and secondary buildings;
3. The location and dimensions of proposed structures, accessory buildings, or additions/alterations;\*
4. Proposed front, rear, and side yard set back lines for all existing and proposed building or additions;

*\* Where applicable and depending on the type of facilities proposed, applicants will need to show the location of (1) existing public water and sewer facilities, including the point of connection to those facilities, or (2) proposed well and septic facilities, including the dimensions of primary and reserve drainfields.*

I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY**

**ZONING DISTRICT** \_\_\_\_\_ **ASSIGNED ADDRESS:** \_\_\_\_\_

**REQUIRED YARD(S):**      **FRONT** \_\_\_\_\_ **SIDE** \_\_\_\_\_ **REAR** \_\_\_\_\_

<b>CONFORMING:</b>	<b>LOT(S):</b>	<b>YES</b>	<b>NO</b>
	<b>EXISTING BUILDING:</b>	<b>YES</b>	<b>NO</b>
	<b>PROPOSED BUILDING:</b>	<b>YES</b>	<b>NO</b>
	<b>EXISTING USE:</b>	<b>YES</b>	<b>NO</b>
	<b>PROPOSED USE:</b>	<b>YES</b>	<b>NO</b>

**IS PROPOSED DEVELOPMENT LOCATED WITHIN A CBPA?** \_\_\_ **RPA** \_\_\_ **RMA** \_\_\_

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_

**APPROVED/DENIED BY DIRECTOR OF COMMUNITY DEVELOPMENT**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**THIS PERMIT SHALL EXPIRE ON** \_\_\_\_\_, Pursuant to Chapter 70, Zoning, Section 70-49 (e): A zoning permit shall be valid for a period of 12 months from the date of approval by the zoning administrator and shall become null and void if, within such 12-month period, no building permit or certificate of occupancy pursuant thereto has been issued by the building official. In a case where no building permit or certificate of occupancy is required by applicable law, a zoning permit shall become null and void if, within 12 months from the date of its approval, the use, activity or feature authorized by such zoning permit has not been established.