



# ZONING PERMIT

78 Belle Ville Lane, Warsaw, Virginia 22572

Phone: (804) 333-3737 ♦ Fax: (804) 333-3104

[www.townofwarsaw.com](http://www.townofwarsaw.com)

Tax Map Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

## SECTION I – Purpose of the Permit

a. Purpose of this Permit: \_\_\_\_\_

b. Type of Construction:

\_\_\_ NEW \_\_\_ ADDITION \_\_\_ ALTERATION \_\_\_ DEMOLITION \_\_\_ OTHER

c. Type of Use & Cost:

Residential (Describe): \_\_\_\_\_

Commercial (Describe): \_\_\_\_\_

Other (Describe): \_\_\_\_\_

d. Plans Attached: \_\_\_ YES \_\_\_ NO (Incomplete – Unable to Process)

## SECTION II – Property Information

a. Address: \_\_\_\_\_

b. Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

c. Zoning District: \_\_\_\_\_ (R-1, R-12, R-18, C-1, C-2, C-3, M-1, TT)

d. Square Footage of Total Proposed Development: \_\_\_\_\_ Lot Size: \_\_\_\_\_

## SECTION III – District Specifications

a. Proposed Setbacks (Feet):

Proposed Front Setback \_\_\_\_\_ Minimum Required Front Setback \_\_\_\_\_

Proposed Side #1 Setback \_\_\_\_\_ Minimum Required Side Setback \_\_\_\_\_

Proposed Side #2 Setback \_\_\_\_\_ Minimum Required Side Setback \_\_\_\_\_

Proposed Rear Setback \_\_\_\_\_ Minimum Required Rear Setback \_\_\_\_\_

Proposed Height \_\_\_\_\_ Maximum Allowable Height \_\_\_\_\_

## SECTION IV – Contractor & Property Owner Information

a. Applicant (Contractor) Name: \_\_\_\_\_

b. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

c. Address: \_\_\_\_\_

d. Property Owner Name: \_\_\_\_\_

e. Property Owner Phone Number and Email: \_\_\_\_\_

## SECTION V – Application Signatures

Applicant Signature: \_\_\_\_\_

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

Contractor Signature: \_\_\_\_\_

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

**Requirements and Acknowledgments**

**a. Permit**

No building or other structure shall be erected, moved, added to, structurally altered, nor shall any building, structure, or land be developed or changed in use without a signed, issued permit from the Town of Warsaw.

**b. Local, State, Federal Laws**

This application is made subject to ALL local ordinances and State and Federal laws. By signing this application, you hereby agree to any and all applicable laws involving this property and this development. Any inadvertent omission by the Town Zoning Administrator during review and permit does not constitute an illegal waiver of local code.

**c. Revocation and Expiration of Permit**

This permit shall be revoked at any time by the Land Use Administrator if any laws are not followed in accordance with local, state and federal code. This permit shall expire if work has not begun within one (1) year of issuance, or if work has not been completed within two and one half (2.5) years from the date of issuance.

**d. Plan Submission\***

I acknowledge that my permit application will be deemed incomplete without an attached set of plans highlighting all areas of applicable code. This includes any and all developments within Town limits, including accessory structures.

**e. HOA, Proffers, and Covenants**

I acknowledge that I have read and understood all applicable covenants and proffers placed upon my property. Town proffers shall be paid to the Town Treasurer upon submission of this application.

**f. Building Permit**

I understand that before any work begins, a building permit must be obtained from the Richmond County Building Inspector's Office. (101 Court Circle, Warsaw, Virginia 22572)

**g. Easements**

If any structure, temporary or permanent, is placed in any easement, and the Town of Warsaw must do any type of work in that easement, then the structure(s) may be moved at the property owner's expense.

**h. Damages**

I, or we, hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, and electric installations.

Owner Signature: \_\_\_\_\_ Contractor Signature \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE AFOREMENTIONED REQUIREMENTS AND DO HEREBY CERTIFY THAT THE DEVELOPMENT WILL CONFORM TO ALL REQUIREMENTS AS SET FORTH WITHIN THIS DOCUMENT AND WITHIN THE TOWN OF WARSAW ZONING ORDINANCE.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Zoning Fee \$ \_\_\_\_\_ Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_ Received By: \_\_\_\_\_  
Zoning Permit Approved \_\_\_\_\_ Zoning Permit Denied \_\_\_\_\_

Land Use Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval:  
\_\_\_\_\_