



ZONING PERMIT APPLICATION

PROPERTY INFORMATION

ADDRESS:		TAX MAP #:
CURRENT USE OF PROPERTY:		
PROPOSED USE OF PROEPRTY:		
RESIDENTIAL: <input type="checkbox"/>	COMMERCIAL: <input type="checkbox"/>	NEW CONSTRUCTION <input type="checkbox"/> Estimated Cost: \$
DESCRIPTION:		
INTERIOR ALTERATIONS: <input type="checkbox"/>	EXTERIOR ALTERATIONS: <input type="checkbox"/>	
DESCRIPTION:		
DIMENSIONS AND SQ. FT. OF PROPOSED CONSTRUCTION*:		
FRONT SETBACK:	MAX HEIGHT:	
REAR SETBACK:		
SIDE SETBACK:		
SIDE SETBACK:		
CORNER LOT: <input type="checkbox"/> YES <input type="checkbox"/> NO	*Any accessory building 1000 sq. ft. or over will require a	
IF YES, SIGHT TRIANGLE MAINTAINED: <input type="checkbox"/>	Special Exception Permit from City Council	

APPLICANT INFORMATION

Name:		
Complete address:		
Home Phone:	Office Phone:	Cell Phone:
Email address:		
Owner, Agent, or Contractor:		

OWNER INFORMATION (IF NOT APPLICANT)

Name:		
Address:		Phone:
City:	State:	ZIP Code:

I, AS OWNER OR AUTHORIZED AGENT FOR THE PROPERTY DESCRIBED ABOVE, DO HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION FOR A ZONING PERMIT FOR THE ACTIVITY DESCRIBED BELOW AND AS SHOWN ON THE ATTACHED CERTIFIED PLAT THAT THE INFORMATION PROVIDED IS CORRECT AND THAT ANY CONSTRUCTION/USE WILL CONFORM TO THE REGULATIONS OF THE ZONING ORDINANCE AND OTHER CODES OF THE CITY OF SALEM AND THE COMMONWEALTH OF VIRGINIA AS APPLICABLE.

THIS PERMIT AUTHORIZES THE ZONING ADMINISTRATOR OR DESIGNEE TO PERFORM REASONABLE SITE INSPECTIONS AS REQUIRED TO DETERMINE COMPLIANCE WITH THE CONDITIONS APPLICABLE TO THIS PERMIT.

FURTHER, I UNDERSTAND THAT ANY DEVIATION FROM THE APPLICATION AS REQUESTED SHALL REQUIRE THE EXPRESS WRITTEN APPROVAL OF THE ZONING ADMINISTRATOR.

SIGN:	PRINT:	DATE:
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FOR USE BY ZONING ADMINISTRATION ONLY

CURRENT ZONING	REZONING: <input type="checkbox"/>
SITE PLAN REQUIRED: <input type="checkbox"/>	SPECIAL EXCEPTION PERMIT: <input type="checkbox"/>
CHANGE IN USE: <input type="checkbox"/>	URBAN FOREST OVERLAY: <input type="checkbox"/>
ZONING PERMIT NUMBER:	FLOODPLAIN: <input type="checkbox"/>
SETBACK FOR CERTAIN STREETS: <input type="checkbox"/>	FLOODWAY: <input type="checkbox"/>
INDUSTRIAL PARK OVERLAY: <input type="checkbox"/>	

CONDITIONS: DESCRIPTION:

NOTES:

APPROVED: APPROVED WITH CONDITIONS: DENIED:

CONDITIONS OR REASON FOR DENIAL:

SIGNATURE: _____ DATE: _____