



COUNTY OF BRUNSWICK

ZONING PERMIT APPLICATION

DISTRICT:

PERMIT # _____

Meherrin _____

DATE SUBMITTED: _____

Powellton _____

Red Oak _____

Totaro _____

Sturgeon _____

IPR _____

CDBG _____

APPLICANT _____

PHONE _____

PROPERTY OWNER (If different from above) _____

PARCEL LOCATION _____

TAX MAP # _____

PARCEL ZONING _____

PARCEL SIZE _____

IMPROVEMENTS _____

FLOOD PLAIN: ZONE _____ PANEL # _____ Eff. DAT _____

HYDROLOGIC UNIT: _____

PROPOSED RESIDENTIAL USE: (PLEASE CHECK ONE)

NEW

FRAME HOUSE _____

MODULAR _____

DOUBLE WIDE _____

SINGLE WIDE _____

OTHER _____

REPLACEMENT

Single wide replaced or relocated _____

Single wide replaced with double wide _____

Double wide replaced with Double wide _____

Frame House replaced with single wide _____

Frame House replaced with double wide _____

Other _____

NUMBER OF BEDROOMS _____

NUMBER OF KITCHENS: _____

SIZE OF MANUFACTURED HOME: _____

YEAR OF MANUFACT. HOME _____

SIZE OF MODULAR: _____

DECK/PORCH: _____

FRAME HOUSE SQ. FT. _____

/Stories _____ Height: _____

DECK/PORCH SQ. FT. _____

BASEMENT SQ. FT. _____

ADDITION

BEDROOM _____

BATHROOM _____

FAMILY ROOM _____

ATT. GARAGE _____

DECK/PORCH _____

OTHER _____

ACCESSORY BUILDING

DETACH. GARAGE _____ #/Stories _____

STORAGE SHED _____

OTHER _____

SIZE OF ADDITION/ACCESSORY BLDG: _____

HEIGHT OF ACCESSORY BUILDING: _____

OTHER PROPOSED USE NOT LISTED: _____

COMMERCIAL PROPOSED USE: _____

FOR COMMERCIAL/INDUSTRIAL USES - SITE PLAN # _____

ZONING ORDINANCE SECTION _____

ENTRANCE: NEW _____ EXISTING _____

WATER SUPPLY/SEWAGE DISPOSAL APPROVAL _____

EXPIRATION DATE _____ OTHER _____

SITE PLAN MUST BE ATTACHED _____

REQUIRES ADDRESS ASSIGNMENT YES _____ NO _____

CERTIFICATION

I hereby certify that I have the authority to make the foregoing application and that the information given is true and accurate to the best of my knowledge.

Signature of Applicant

Date

ZONING APPROVAL

APPROVED _____

DISAPPROVED _____
NEEDS REZONING _____
NEEDS CUP _____

OTHER COMMENTS _____

ZONING DEPARTMENT

DATE