



Permit No. _____

TOWN OF LOUISA, VIRGINIA

OFFICE OF THE ZONING ADMINISTRATOR

APPLICATION FOR RE-ZONING & BUILDING PERMIT

Name of Owner _____

Address _____ Phone _____

Name of Contractor _____

Address _____ Phone _____

Property Location - - Street Address _____

Lot No. _____ Block _____ Section _____ Subdivision _____ Land Map No _____

Lot Size _____ Frontage _____ Depth _____ Corner _____ or, Inside _____

Current Zoning Classification _____ Classification of Adjacent Land _____

What Zoning Classification are you seeking? _____ **Why? Attach explanatory information.**

BUILDING DATA:

Type of Structure _____ Proposed Use _____

New Building _____ Addition _____ Other _____

Exterior Wall Construction _____ Roof Type & Covering _____

Stories _____ Height _____ Rooms _____ Baths _____ Basement _____ Heat _____

Size _____ x _____ Total Area _____ Sq. Feet

Carport _____ Attached _____ Detached _____ Size _____ x _____ Area _____

Garage _____ Attached _____ Detached _____ Size _____ x _____ Area _____

Are There Any Other Buildings on the Property? _____

HIGHWAY DATA, SETBACK, YARDS, PARKING:

Width of Frontage Road _____ (R/W to R/W), Side Road _____ (If Any) Building Setback _____ Ft.

Side Yard _____ Feet from (Adj. Owner) _____ Side Yard _____ Feet from (Adj. Owner) _____

Rear Yard _____ Feet from (Adj. Owner) _____

Off Street Parking _____ (No. of Cars) Type of Surface _____

UTILITIES:

Domestic Water: Individual _____ Public _____ Sewerage: Individual _____ Public _____

Health Permit: Dated _____ Presented _____

Estimated Cost \$ _____ Work to Begin _____ Completed _____

I hereby certify that I have the authority to make the foregoing application; that the information given is correct; and the use and construction shall conform to the County Health Regulations, the zoning ordinance and private deed restrictions, if any, which are imposed on the above property. I further agree to restore any and all damage which may result from this work.

Owner or Agent _____

Date _____

APPROVED BY ZONING ADMINISTRATOR _____ Date _____

NOTE: Submit application to the zoning administrator with scaled plot plan showing the lot dimensions, building location on the lot and building dimensions.

Please Include Any Additional Explanatory Information

(what is the purpose of the request)