





**THE TOWN OF COLONIAL BEACH, VIRGINIA**  
**DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT**

315 Douglas Avenue, Colonial Beach, VA 22443  
 Phone: (804) 224-7506 Fax: (804) 224-1318  
[www.colonialbeachva.net](http://www.colonialbeachva.net)

**ZONING APPLICATION FOR A SPECIAL USE PERMIT**

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

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

<b>Deposit</b>	<b>Type:</b>	<b>Amount: \$</b>	<b>DH#:</b>
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Zoning application is hereby made for a Special Use Permit in accordance with the description and for the purpose set forth herein. This application is made subject to all Town and State laws and regulations, which are hereby agreed to by the undersigned and which shall be a condition of this permit.

**ALL APPLICABLE INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED. (Please Print)**

<b>Owner Information</b>	Name _____		Telephone No. _____
	Mailing Address _____		
	E-mail Address _____	Fax Number _____	Cell Number _____

<b>Builder/ Applicant</b>	Name _____		Telephone No. _____
	<input type="checkbox"/> Same as Owner	Mailing Address _____	
	E-mail Address _____	Fax Number _____	

<b>Property Information</b>	Address _____		
	Tax Map ID # _____	Area (in acres & sq. ft.) _____	
	Current Deed Book/Page # _____	Lot # _____	Block _____ Section _____
	Existing Use of Property _____		
	Existing Structures on Property _____		
Existing Structures to be removed _____ Type _____			

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<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
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Gen. Zoning Fees	
Other Fees	
<b>TOTAL FEES</b>	

Special Use Conditions

REQUIRED SIGNATURES

<b>Property Zoned as:</b>				
Rezoning / Special Exception #		Proffers / Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Height Requirements</b>				
Principal Structure	Proposed:	Maximum permitted:		
Accessory Structure	Proposed:	Maximum permitted:		
Census Tract:				
Flood Hazard District <input type="checkbox"/> Yes <input type="checkbox"/> No F.I.R.M No.				
Setbacks:		<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Corner Lot
Front	Proposed		Required	
Back	Proposed		Required	
Right	Proposed		Required	
Left	Proposed		Required	
Comments:				

**Zoning Administrator** **Date**

Chesapeake Bay District: <input type="checkbox"/> None <input type="checkbox"/> RMA <input type="checkbox"/> RPA		
RLD	RLD No.:	
Bond required at issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bond Amount: \$	
Comments:		

**Environmental Planner** **Date**

Comments:
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**Building Official** **Date**

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**SPECIAL USE PERMIT SUPPLEMENTAL QUESTIONS/INFORMATION**

Reason for Special Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mechanic Lien Agent**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

None Designated

Mailing Address \_\_\_\_\_

\_\_\_\_\_

General Contractor /Subcontractor Information	State Contractor's License No. & Class	State Tradesman Certification No.	Colonial Beach Business License No.

I certify that all licenses and certifications required by the State of Virginia and the Town of Colonial Beach are current at the time of application. Please notify this office immediately of any changes to the above-noted subcontractors. A complete list of subcontractors will be submitted prior to 1<sup>st</sup> inspection.

Print Name \_\_\_\_\_ Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL BUILDERS OR OWNER-DEVELOPERS THAT CONTRACT TO BUILD FOR OTHERS ON PROPERTY THAT THE BUILDER OR OWNER-DEVELOPER OWNS, MUST BE LICENSED UNDER THE PROVISIONS OF § 54.1-1101 CODE OF VIRGINIA**

