



TOWN OF COLONIAL BEACH
 Department of Planning & Community Development
 315 Douglas Avenue
 Colonial Beach, VA 22443
 (804) 224-7506
 (804) 224-1318 Fax
 www.colonialbeachva.gov

ZONING APPLICATION FOR LAND DEVELOPMENT PERMIT

Application Date: _____ Case Number: _____ Permit Number: _____

1. TYPE OF REQUEST

<input type="checkbox"/> Rezoning	From:	To:
<input type="checkbox"/> Site Plan Approval	<input type="checkbox"/> Major	Name of Development:
	<input type="checkbox"/> Minor	Name of Development:
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Concept	
	<input type="checkbox"/> Major	<input type="checkbox"/> Preliminary Name & Phase/Section:
		<input type="checkbox"/> Final/Record Name & Phase/Section:
		<input type="checkbox"/> Final/Record Name:
	<input type="checkbox"/> Minor	<input type="checkbox"/> Lot consolidation
		<input type="checkbox"/> Lot line adjustment
		<input type="checkbox"/> Re-subdivision
<input type="checkbox"/> Family		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Variance	Specify Ordinance Section:	
<input type="checkbox"/> Administrative Appeal		
<input type="checkbox"/> Right of Way Vacation		
<input type="checkbox"/> Conditional Use Permit		
<input type="checkbox"/> Amendment to Existing Plan	<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential
<input type="checkbox"/> Other:		

2. OWNER(S)/AGENT INFORMATION (Please use additional sheets if necessary)

Owner of Record	Name	Daytime Phone Number
	Mailing Address	
	E-mail Address	Cell Number

Owner of Record	Name	Daytime Phone Number
	Mailing Address	
	E-mail Address	Cell Number

Owner of Record	Name	Daytime Phone Number
	Mailing Address	
	E-mail Address	Cell Number

Agent	Name	Daytime Phone Number
	<input type="checkbox"/> Same as Owner	Mailing Address
	E-mail Address	Cell Number

3. PROPERTY INFORMATION

Physical Address/Description:		
Subdivision Name:		
Tax Map Number:		
Current Zoning:	Total Acreage:	Acreage of Request:
Existing Land Use:		
Existing Structures:		
Proposed Utilities:	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer

*Note: Please attach copy of tax receipt showing that taxes on the property are current.

4. SIGNATURE(S)

I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may approve, conditionally approve, approve with modifications, or deny the request for which I am applying. Furthermore, I grant permission to the Department of Planning and Community Development and any other authorized government agents to enter the property and make such investigations as they deem necessary to evaluate the request and ensure that conditions placed on the request have been implemented and/or maintained as proscribed by the approving authority. Additionally, if outside review is needed by the Town to evaluate this request I acknowledge and agree to reimburse the Town of Colonial Beach for these outside review agency costs.

Owner/Agent Signature

Date

Owner/Agent Signature

Date

Owner/Agent Signature

Date

Owner/Agent Signature

Date

Office Use Only:

FEES

Rezoning	
Site Plan Approval	
Minor Subdivision	
Major Subdivision - Preliminary Plat	
Major Subdivision - Final/Record Plat	
Variance	
Administrative Appeal	
ROW Vacation	
Conditional Use Permit	
Amendment to Existing Plan	
Other:	
TOTAL FEES	

<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments:

Zoning Administrator

Date