



Town of Chase City, Va. Zoning Permit

Zone Permit No.
Certif. of Occup.

ZONING PERMIT MUST BE ISSUED BEFORE STARTING CONSTRUCTION

Application for a Zoning Permit may be made to the Administrator.

Date _____

Application is hereby made for a Zoning Permit in accordance with the description and for the purposes hereinafter set forth. This application is made subject to all local and State laws and ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercises of this permit.

Name of Owner _____ Address _____

Name of Contractor
Builder _____ Address _____

Name of Architect
Designer _____ Address _____

Certified State Contractors No. _____

If for Alterations or Repairs, State Nature: _____

If for Advertising Structure, State Location and Size: _____

Water Supply: Well _____ Public System _____ Sewage Disposal _____; Septic Tank _____ Public System _____

Location: NESW _____ Side of Road No. _____ about _____ miles from _____

Or: _____ side of _____ street, between _____ and _____

Lot No. _____ Block _____ Section _____ of _____ Subdivision

No. of acres in Tract _____ or Size of Lot _____ x _____ District _____
() W or () C

If purchased within the past two years from _____ Date _____

I hereby certify that on January 1 the land described below is listed in the name of: _____

NOTE: Permit for septic tank and approved location of same and of well must be obtained from the County Health Department after lot has been cleared and building has been staked out, but before construction has been started.

A Plot Plan
() is attached
() is sketched on the back of this application

Construction Plans
() are included
() are not included

Estimated date of completion _____

I hereby certify that I have the authority to make the foregoing applications, that the information given is correct and that the construction will conform with the regulations in the Building Code, Zoning Ordinances, and private building restrictions, if any, which may be imposed upon the above property by deed.

Signature of owner or authorized agent _____

Address _____

Telephone Number _____

FILL OUT COMPLETELY

DESCRIPTION OF BUILDING

BUILDING DIMENSIONS

USE <input type="checkbox"/> Dwelling <input type="checkbox"/> Apartments <input type="checkbox"/> Store <input type="checkbox"/> Office <input type="checkbox"/> Factory <input type="checkbox"/> Accessory	FLOOR CON. <input type="checkbox"/> Wood Joist <input type="checkbox"/> Bar Joist <input type="checkbox"/> Earth Floor <input type="checkbox"/> Steel Beam <input type="checkbox"/> Reinf. Con.	ELECTRIC <input type="checkbox"/> None <input type="checkbox"/> Wired	MISC. <input type="checkbox"/> P. G. Store. Front <input type="checkbox"/> Sprinkler <input type="checkbox"/> Pass. Elevator <input type="checkbox"/> Fire Escape <input type="checkbox"/> Refrigerators <input type="checkbox"/> Vent System <input type="checkbox"/> Incinerator <input type="checkbox"/> Fireplaces <input type="checkbox"/> Chimneys <input type="checkbox"/> Flues										
GEN. FEATURES <input type="checkbox"/> No. Stories <input type="checkbox"/> No. Rooms <input type="checkbox"/> No. Apts. <input type="checkbox"/> No. Families <input type="checkbox"/> Utility Rm. <input type="checkbox"/> No. Basement <input type="checkbox"/> $\frac{1}{2}$, $\frac{3}{4}$ B'ment <input type="checkbox"/> Full B'ment	PLUMBING <input type="checkbox"/> None <input type="checkbox"/> Kitchens <input type="checkbox"/> Toilets <input type="checkbox"/> Bathrooms <input type="checkbox"/> Showers <input type="checkbox"/> Tile Floor <input type="checkbox"/> Tile Walls	ROOFING <input type="checkbox"/> Shingle <input type="checkbox"/> Roll <input type="checkbox"/> Asphalt <input type="checkbox"/> Asbestos <input type="checkbox"/> Slate <input type="checkbox"/> Builtup	INTERIOR WALLS <input type="checkbox"/> Unfinished <input type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input type="checkbox"/> Paneled										
HEATING <input type="checkbox"/> No heat <input type="checkbox"/> Coal <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Hot Air <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water <input type="checkbox"/> Forced <input type="checkbox"/> Gravity <input type="checkbox"/> Hand Fired <input type="checkbox"/> Stoker Fired <input type="checkbox"/> Sum. Air Con. <input type="checkbox"/> Floor Fur. <input type="checkbox"/> Stove	SASH <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Glass Block	EST. WALLS <input type="checkbox"/> Wood Sheet <input type="checkbox"/> Gyp. Sheet <input type="checkbox"/> Ins. Sheet <input type="checkbox"/> Wood Siding <input type="checkbox"/> Asbes. Siding <input type="checkbox"/> Comp. Siding <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Block <input type="checkbox"/> Stucco <input type="checkbox"/> Metal	PORCHES <input type="checkbox"/> Enclosed <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Sleeping										
FOUNDATION <input type="checkbox"/> Con. Footing <input type="checkbox"/> Block Wall <input type="checkbox"/> Con. Wall <input type="checkbox"/> Brick Wall <input type="checkbox"/> Stone Wall <input type="checkbox"/> Piers	CONSTRUCTION <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel Frame <input type="checkbox"/> Reinf. Con. <input type="checkbox"/> Brick <input type="checkbox"/> Block	PRIVATE GAR. <input type="checkbox"/> No Cars <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> In Rear Yard <input type="checkbox"/> In Basement <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel Frame <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Wood Siding <input type="checkbox"/> Asbes. Siding <input type="checkbox"/> Comp. Siding <input type="checkbox"/> Metal Clad <input type="checkbox"/> Stucco <input type="checkbox"/> Earth Floor <input type="checkbox"/> Conc. Floor <input type="checkbox"/> Comp. Roof <input type="checkbox"/> Metal Roof	DIMENSIONS <input type="checkbox"/> Bldg. Width <input type="checkbox"/> Bldg. Depth <input type="checkbox"/> Bldg. Height <input type="checkbox"/> Lot Depth <input type="checkbox"/> Bldg. Setback <input type="checkbox"/> Rear Yard <input type="checkbox"/> Left Yard <input type="checkbox"/> Bldg. Width <input type="checkbox"/> Right Yard <input type="checkbox"/> Lot Width										
FLOORING <input type="checkbox"/> Softwood <input type="checkbox"/> Hardwood <input type="checkbox"/> Concrete <input type="checkbox"/> Subfloor	ROOF CONST. <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Reinf. Con. <input type="checkbox"/> Rafters <input type="checkbox"/> Joists <input type="checkbox"/> Truss <input type="checkbox"/> Wood Deck	ROOF <input type="checkbox"/> Gable <input type="checkbox"/> Flat <input type="checkbox"/> Shed <input type="checkbox"/> Hip <input type="checkbox"/> Parapet <input type="checkbox"/> Dormer	<div style="display: flex; justify-content: space-between; align-items: center;"> FRONT Street Road </div>										

Sketch All Buildings on Lot Showing All Distances to Property Lines

Zoning Permit

Approved Date _____

Disapproved Date _____

Name _____

Bldg. Insp. _____

Approved
under provisions of Article

Paragraph _____, Zoning Ordinance

adopted _____

Administrator _____

Rejected
under provisions of Article

Paragraph _____, Zoning Ordinance

adopted _____

Administrator _____

I, or we, hereby covenant to re-store any and all damages to sidewalks, streets, alleys, sewers, gas mains, and electric installations which may result.

OWNER

BUILDER

FILL OUT COMPLETELY

DESCRIPTION OF BUILDING				BUILDING DIMENSIONS											
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