

# SALEM VA



## PLANNING AND ZONING DIVISION

### ZONING PERMIT APPLICATION

#### PROPERTY INFORMATION

ADDRESS:		TAX MAP #:
CURRENT USE OF PROPERTY:		
PROPOSED USE OF PROPERTY:		
RESIDENTIAL: <input type="checkbox"/>	COMMERCIAL: <input type="checkbox"/>	NEW CONSTRUCTION <input type="checkbox"/>
DESCRIPTION:		
INTERIOR ALTERATIONS: <input type="checkbox"/>	EXTERIOR ALTERATIONS: <input type="checkbox"/>	
DESCRIPTION:		
DIMENSIONS AND SQ. FT. OF PROPOSED CONSTRUCTION*:		
FRONT SETBACK:	MAX HEIGHT:	
REAR SETBACK:		
SIDE SETBACK (LEFT FROM STREET):		
SIDE SETBACK (RIGHT FROM STREET):		
CORNER LOT: <input type="checkbox"/> YES <input type="checkbox"/> NO	*Any accessory building 1000 sq. ft. or over will require a Special Exception Permit from City Council	
IF YES, SIGHT TRIANGLE MAINTAINED: <input type="checkbox"/>		

#### APPLICANT INFORMATION

Name:		
Complete address:		
Home Phone:	Office Phone:	Cell Phone:
Email address:		
Owner, Agent, or Contractor:		

#### OWNER INFORMATION (IF NOT APPLICANT)

Name:		
Address:		Phone:
City:	State:	ZIP Code:

I, AS OWNER OR AUTHORIZED AGENT FOR THE PROPERTY DESCRIBED ABOVE, DO HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION FOR A ZONING PERMIT FOR THE ACTIVITY DESCRIBED BELOW AND AS SHOWN ON THE ATTACHED CERTIFIED PLAT THAT THE INFORMATION PROVIDED IS CORRECT AND THAT ANY CONSTRUCTION/USE WILL CONFORM TO THE REGULATIONS OF THE ZONING ORDINANCE AND OTHER CODES OF THE CITY OF SALEM AND THE COMMONWEALTH OF VIRGINIA AS APPLICABLE.

**THIS PERMIT AUTHORIZES THE ZONING ADMINISTRATOR OR DESIGNEE TO PERFORM REASONABLE SITE INSPECTIONS AS REQUIRED TO DETERMINE COMPLIANCE WITH THE CONDITIONS APPLICABLE TO THIS PERMIT.**

FURTHER, I UNDERSTAND THAT ANY DEVIATION FROM THE APPLICATION AS REQUESTED SHALL REQUIRE THE EXPRESS WRITTEN APPROVAL OF THE ZONING ADMINISTRATOR.

SIGN:	PRINT:	DATE:
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#### STAFF USE ONLY

APPROVED: <input type="checkbox"/>	APPROVED WITH CONDITIONS: <input type="checkbox"/>	DENIED: <input type="checkbox"/>
SIGNATURE:		DATE: