



COUNTY OF BRUNSWICK

ZONING PERMIT APPLICATION

PERMIT # _____

DATE SUBMITTED: _____

DISTRICT:

Meherrin _____
Powellton _____
Red Oak _____
Totaro _____
Sturgeon _____

IPR _____

CDBG _____

APPLICANT _____

PHONE _____

PROPERTY OWNER (If different from above) _____

PARCEL LOCATION _____

TAX MAP # _____

PARCEL ZONING _____

PARCEL SIZE _____

IMPROVEMENTS _____

FLOOD PLAIN: ZONE X PANEL # 51025C Eff. DATE 7-Jul-09

HYDROLOGIC UNIT: _____

PROPOSED RESIDENTIAL USE: (PLEASE CHECK ONE)

NEW

FRAME HOUSE _____
MODULAR _____
DOUBLE WIDE _____
SINGLE WIDE _____
OTHER _____

REPLACEMENT

Single wide replaced or relocated _____
Single wide replaced with double wide _____
Double wide replaced with Double wide _____
Frame House replaced with single wide _____
Frame House replaced with double wide _____
Other _____

NUMBER OF BEDROOMS _____

NUMBER OF KITCHENS: _____

SIZE OF MANUFACTURED HOME: _____

YEAR OF MANUFACT. HOME _____

SIZE OF MODULAR: _____

DECK/PORCH: _____

FRAME HOUSE SQ. FT. _____

/Stories _____ Height: _____

DECK/PORCH: _____

UNFINISHED BASEMENT _____

ADDITION

BEDROOM _____
BATHROOM _____
FAMILY ROOM _____
ATT. GARAGE _____
DECK/PORCH _____
OTHER _____

ACCESSORY BUILDING

DETACH. GARAGE _____ #/Stories _____
STORAGE SHED _____
OTHER _____

SIZE OF ADDITION/ACCESSORY BLDG: _____

HEIGHT OF ACCESSORY BUILDING: _____

OTHER PROPOSED USE NOT LISTED: _____

COMMERCIAL PROPOSED USE: _____

FOR COMMERCIAL/INDUSTRIAL USES - SITE PLAN # _____

ZONING ORDINANCE SECTION _____

ENTRANCE: NEW _____ EXISTING _____

WATER SUPPLY/SEWAGE DISPOSAL APPROVAL _____

EXPIRATION DATE _____ OTHER _____

SITE PLAN MUST BE ATTACHED _____

REQUIRES ADDRESS ASSIGNMENT YES _____ NO _____

CERTIFICATION

I hereby certify that I have the authority to make the foregoing application and that the information given is true and accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

ZONING APPROVAL

APPROVED _____ DISAPPROVED _____
NEEDS REZONING _____
NEEDS CUP _____

OTHER COMMENTS _____

ZONING DEPARTMENT _____ DATE _____