TOWN OF MIDDLEBURG
10 West Marshall Street, PO Box 187
Middleburg, Virginia 20118-0187
540-687-5152 FAX 540-687-3804

Application # ZO _____

ZONING OCCUPANCY PERMIT

Proposed Use: _____ Size (sq. ft.) of occupancy: _____

If applicable: Business Name: _____

Former Use: _____

Other Existing Uses: _____ Size (sq. ft.) of other uses: _____

Site Address: _____ Parcel #: _____

Subdivision Name: _____ Lot #: _____ Lot Size: _____

Zoning District: _____ In Historic District?: ❑ Yes ❑ No # Off-street Parking spaces _____ / _____
required provided

Applicant Name: _____ Phone #: _____

Mailing Address: _____ email: _____

_____

Prop. Owner Name: _____ Phone #: _____

Mailing Address: _____ email: _____

_____

I, as owner or authorized agent for the above-referenced parcel, do hereby request a zoning location permit for the activity described herein and as shown on the attached plat, plan and/or specifications. I agree to construct this project in strict compliance with the approved plans and to comply with the conditions of this permit and all other applicable requirements of Middleburg development regulations:

Owner signature: _____ Applicant Signature: _____

Printed Name: _____ Printed Name: _____

OFFICE USE ONLY

Date Filed: _____ Fee amount: _____ Date Paid: _____ Permit #: ZO _____

Other Required Approvals or Fees Due: _____

Conditions of Approval: _____

_____

Approved: _____ Date: _____
Zoning Administrator

THIS PERMIT EXPIRES ONE YEAR FROM THE APPROVAL DATE
IF THE AUTHORIZED USE OR ACTIVITY IS NOT COMMENCED AS APPROVED.