



TOWN OF MIDDLEBURG ZONING LOCATION PERMIT



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

Permit # ZL _____

Type of Activity: New construction Alteration/Repair Addition Relocation

Proposed Use: _____ Size (Sq. Ft.) of Construction: _____
Site Address: _____ Parcel #: _____
Subdivision Name: _____ Lot #: _____ Lot Size: _____
Zoning District: _____ In Historic District?: _____ Yes _____ No
Off-street Parking: _____ Spaces Required: _____ Spaces Provided: _____

This project will require (check all that apply):

- Water tap(s) (# : _____)
- Sewer tap(s) (# : _____)
- New plumbing fixtures (# : _____)
- Extension of public water system
- Extension of public sewer system

Applicant Name(s): _____
Mailing Address: _____ Phone #: _____
Contractor Name: _____ Reg.#: _____
Mailing Address: _____ Phone #: _____
Property Owner: _____ Phone #: _____
Mailing Address: _____

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 #: ZL _____
Council Approvals: Site Plan: _____ Pub. Facilities: _____ Special Use: _____
Other Approvals: COA: _____ LCSA: _____ Grading: _____
Conditions of Approval: _____

Approved as indicated: _____ Date: _____
Zoning Administrator

**THIS PERMIT EXPIRES ONE YEAR FROM THE APPROVAL DATE
IF THE AUTHORIZED USE OR ACTIVITY IS NOT COMMENCED AND DILIGENTLY PURSUED.**