



TOWN OF BROADWAY, VIRGINIA

P.O. Box 156
(540) 896-5152

www.town.broadway.va.us

Date: _____

Application for Zoning Permit

Permit No.: _____

Note: Building permit must be applied for before starting construction. Application must be made to the Zoning Administrator for the Town of Broadway. Permit for septic tank and approval of location must be obtained from the County Health Department, after lot has been cleared and building has been staked out, but before construction has started.

Application is hereby made for a Building and/or Zoning Permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all Town, County and State laws and ordinances, and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit.

Name of Owner: _____ Address: _____

Contractor/Builder: _____ Address: _____

Architect/Designer: _____ Address: _____

Certified State Contractor's No.: _____

Location: _____ side of _____
NESW Street/Avenue

between _____ and _____

Lot No.: _____ Block No.: _____ Zone: _____

Size of lot: _____ x _____ Area (in square feet): _____

In Flood Plain: Yes No

Water supply: Well Public system Sewage disposal: Septic tank Public system

If permit for alterations or repairs, state nature: _____

If for sign permit, state location and size: _____

I hereby certify that on January 1st the land described above was listed in the name of: _____

A plot plan is attached, is sketched on the back of this application

Construction plans are included, are not included

Estimated cost: \$ _____ Estimated date of completion: _____

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

Signature of owner or authorized agent

Telephone No.

Address

For use by Zoning Administrator:

Date: _____

Approved

Rejected

under provisions of Article _____

Paragraph _____, Zoning Ordinance, adopted November 14, 1989.

Administrator

