

Permit No. \_\_\_\_\_

District \_\_\_\_\_

# TOWN OF LOUISA, VIRGINIA

OFFICE OF THE ZONING ADMINISTRATOR

## APPLICATION FOR ZONING & BUILDING PERMIT

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Property Location - - Highway No. \_\_\_\_\_ Street \_\_\_\_\_

Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Subdivision \_\_\_\_\_ Land Map No. \_\_\_\_\_

Lot Size \_\_\_\_\_ Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Corner \_\_\_\_\_ or, inside \_\_\_\_\_

Zoning Classification \_\_\_\_\_ Classification of Adj. Land \_\_\_\_\_

### BUILDING DATA:

Type of Structure \_\_\_\_\_ Proposed Use \_\_\_\_\_

New Building \_\_\_\_\_ Addition \_\_\_\_\_ Other \_\_\_\_\_

Exterior Wall Construction \_\_\_\_\_ Roof Type & Covering \_\_\_\_\_

Stories \_\_\_\_\_ Height \_\_\_\_\_ Rooms \_\_\_\_\_ Baths \_\_\_\_\_ Basement \_\_\_\_\_ Heat \_\_\_\_\_

Size \_\_\_\_\_ X \_\_\_\_\_ Total Area \_\_\_\_\_ SF

Carport \_\_\_\_\_ Attached \_\_\_\_\_ Detached \_\_\_\_\_ Size \_\_\_\_\_ X \_\_\_\_\_ Area \_\_\_\_\_

Garage \_\_\_\_\_ Attached \_\_\_\_\_ Detached \_\_\_\_\_ Size \_\_\_\_\_ X \_\_\_\_\_ Area \_\_\_\_\_

Are There Any Other Buildings on the Property? \_\_\_\_\_

### HIGHWAY DATA, SET BACK, YARDS, PARKING

Width of Frontage Road \_\_\_\_\_ (R/W to R/W), Side Road \_\_\_\_\_ (If Any) Building Setback \_\_\_\_\_ Ft.

Side Yard \_\_\_\_\_ Feet From \_\_\_\_\_ : Side Yard \_\_\_\_\_ Feet From \_\_\_\_\_  
Adj. Owner Adj. Owner

Rear Yard \_\_\_\_\_ Feet From \_\_\_\_\_  
Adj. Owner

Off Street Parking \_\_\_\_\_ Type of Surface \_\_\_\_\_  
No. of Cars

### UTILITIES:

Domestic Water: Individual \_\_\_\_\_ Public \_\_\_\_\_ : Sewerage: Individual \_\_\_\_\_ Public \_\_\_\_\_

Health Permit: Dated \_\_\_\_\_ Presented \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Work to Begin \_\_\_\_\_ To Be Completed \_\_\_\_\_

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and the use and construction shall conform to the County Health Regulations, the zoning ordinance and private deed restrictions, if any, which are imposed on the above property. I further agree to restore any and all damage which may result from this work.

\_\_\_\_\_  
Owner or Agent

\_\_\_\_\_  
Date

APPROVED BY ZONING ADMINISTRATOR \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Submit application in triplicate to the zoning administrator, together with scaled plot plan showing the lot dimensions, building location on the lot and building dimensions.