



Application #: _____

ZONING PERMIT APPLICATION
RESIDENTIAL BUILDING CONSTRUCTION – LAND DISTURBING

- \$30.00 NON REFUNDABLE FEE -

Please submit the following:

- A completed Zoning Permit application
- \$30.00 Non-Refundable fee
- One (1) House Locations Survey / Plat (to scale) showing all existing and proposed improvements
- One (1) set of building plans (of the 4 sets requested by Code Administration)

1. JOB LOCATION INFORMATION:

Job Location Address _____

2. APPLICANT INFORMATION:

Name _____

Address _____

Phone _____ Email _____

I hereby certify that I have authority of the owner to make this application, that the information is complete, and that if a permit is issued, the construction and/or use will conform to the zoning ordinance, the building code, applicable laws and regulations including private building restrictions, if any, which relate to the property. I further certify that if I am acting as an agent for the owner of the property, I have his/her authority to apply for this application.

Applicant Signature (**REQUIRED**) _____ Date _____

3. PROPERTY OWNER INFORMATION: (Same as Applicant)

Name _____

Address _____

Phone _____ Email _____

4. TYPE OF CONSTRUCTION: *If disturbance is greater than 2,500SF an Erosion & Sediment Control Plan is required

CHECK ALL THAT APPLIES

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> New Dwelling Unit | | E&S Plan #: _____ | |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Covered Deck |
| <input type="checkbox"/> Demolition of Structure | <input type="checkbox"/> Sunroom | <input type="checkbox"/> Porch/Stoop (Open) | <input type="checkbox"/> Porch/Stoop (Enclosed) |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Driveway | <input type="checkbox"/> Patio | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Other: _____ | | | |

OFFICE USE ONLY

Receipt # _____ \$30.00

Building Permit # _____

FP YES NO RPA YES NO Tax Map # _____

Road Centerline ≥ 25' from front line: YES NO

Accessory Structures ≤ 30% of minimum required side & rear yard: YES NO

Zone (Check One): RL RM RH RT-6 RT RMF OTHER _____

HOA: YES NO

Special Approval: (Circle One): Rezoning (Proffers)/Special Exception / Variance /Administrative Adjustment/Other

Case # _____ Date of approval _____ Reviewed by _____ Date _____

Total Land Disturbance _____

PUBLIC WORKS REVIEW SIGNATURE (IF APPLICABLE)

_____ Date _____
Public Works Official

No Conditions Needed

Conditions/Remarks:

- Contact Public Works Inspector, 703-385-7828, prior to start of construction
- Excavated soil must be removed offsite

ZONING OFFICE APPROVAL SIGNATURE

This Application is Approved By _____ Date _____
Zoning Official

Conditions/Remarks:

- Height Certification Required
- Wall Check Required