# Town of Luray

Zoning Permit Application

Application No.: _____

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a Zoning Permit for the activity described below and as show on any attached plans or specifications, that the information provided is correct and that any construction/use will conform to the regulations of the Town's *Zoning Ordinance* and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. This permit application authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to confirm information provided and compliance with the conditions applicable to this permit. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

**Application:** ☐ Site Development ☐ Property Subdivision ☐ Boundary Line Adjustment
☐ Rezoning ☐ Special Use Permit ☐ Zoning Variance

**Applicant Information:**

Applicant Name _____

Company Name _____

Address _____

Phone: _____ Email: _____

**Property Owner Information:**

Owner Name _____

Address _____

Phone: _____ Email: _____

**Property Information:**

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

**Request Information:**

Nature of Request (Describe Fully) _____

_____

_____

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_____

**See Appropriate Application Appendix for Additional Information Required with Your Application**

_____ _____
Signature of Applicant Date

_____ _____
Signature of Property Owner Date

**Please Complete Additional Application Form for Your Specific Request**

Town of Luray * PO Box 629 * 45 East Main Street * Luray VA 22835 * Phone 540.743.5511 * Fax 540.743.1486

# Town of Luray

Special Use Permit Application

Application No.: _____

**Existing Property Information:**

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

Total Acreage _____

**Request Information:**

Nature of Request (Describe property use, structure(s) construction, and affected Zoning Ordinance Sections)

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**Please include location map, plat, property deed, and impact analysis statement with your Application**

I (we), the undersigned, do hereby respectfully make application and petition to the Town of Luray in order to utilize the subject property for a use which requires the issuance of a Special Use Permit. I (we) agree to comply with any conditions for the Special Use Permit required by the Town.

I (we) authorize Town of Luray officials to enter the property for site inspection purposes.

I (we) authorize the Town of Luray to place standard signage on the property necessary for notifying the public of this rezoning request during the application consideration process.

I (we) hereby certify that this application and its accompanying materials are true and accurate to the best of my (our) knowledge.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Applicant Date

_____ _____

Signature of Owner Date

_____ _____

Signature of Owner Date